

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

42997

County of YorkTownship of Floyds

or

Inc. Town of

or

City of

Registration District No. 2508Registered No. 117

(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Beth Edell Floyd

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Nov. 22, 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Oscar Floyd

(9) PRESENT POSTOFFICE OF FATHER

Nichols

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

29
(Year)

(12) BIRTHPLACE

Harvey Co.

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

150

MOTHER

(14) NAME BEFORE MARRIAGE

Bessie L. Gerrald

(15) PRESENT POSTOFFICE OF MOTHER

Nichols S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

39
(Year)

(18) BIRTHPLACE

Harvey Co.

(19) OCCUPATION

Farming

(21) Number of children of this mother now living, including present birth

95

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:50 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. J. Deaton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 18 1922 (28) L. J. Deaton Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.