

**THE NEW YORK PUBLIC LIBRARY**

14483

Registration District No. 2509

Registered No. 2 .....  
(For use of Local Registrar)

City of ..... (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..... If child is not yet named, make supplemental report as directed

(1) PAY OR NAME <i>Bob</i>	(2) Title or Position <i>✓</i>	(3) Number in order of birth <i>✓</i>	(4) Are Parents Married <i>yes</i>	(5) DATE OF BIRTH <i>Jan 1923</i> (Month) (Day) (Year)
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FATHER.		MOTHER.	
(1) NAME BEFORE MARRIAGE	General Purney Floyd.	(14) NAME BEFORE MARRIAGE	Effie Delaine Dubois
(2) PRESENT POSTOFFICE OF FATHER	Albion, S.C. R.R.D.	(15) PRESENT POSTOFFICE OF MOTHER	Albion, S.C. R.R.D.
(16) COLOR OR RACE	White	(16) COLOR OR RACE	White
(17) AGE AT LAST BIRTHDAY	26 (Years)	(17) AGE AT LAST BIRTHDAY	26 (Years)
(18) BIRTHPLACE	Henry County, O.C.	(18) BIRTHPLACE	Henry County, O.C.
(19) OCCUPATION	Farming.	(19) OCCUPATION	Housewife.
(20) Number of children born to	1	(21) Number of children of this mother	1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(20) I hereby certify that I attended the birth of this child, who was Boys alive ..... at 1:45 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. J. McCall  
(24) State whether Physician Midwife (25) Address of Physician or Midwife Louis C.

Give name added from a supplement report

(26) Witness ..... (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Jan 17 1972 (28) James A. [Signature] 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.

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