Form No. 1

(1) PLACE OF BIRTH

County of Harry

Township of Floyds

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
15360

Registration District No. 2508 Registered No. 52
(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 Merkel 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 May 18 1911 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Toy conseckles Floyd	(14) NAME BEFORE MARRIAGE	Emma Hamons
(9) PRESENT POSTOFFICE OF FATHER	Nichols	(15) PRESENT POSTOFFICE OF MOTHER	Nichols
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	38	(17) AGE AT LAST BIRTHDAY (Years)	20
(12) BIRTHPLACE	Harry Co	(18) BIRTHPLACE	Harry
(13) OCCUPATION	Farming	(19) OCCUPATION	Farming
(20) Number of children born to mother, including present birth	6	(21) Number of children of this mother now living, including present birth	6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was live May 18 at 11 P.M., on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Jane Duncan

(24) State whether Physician or Midwife: mid wife

(25) Address of Physician or Midwife: Nichols

Given name added from a supplemental report

.....

..... 19 ....
Registrar

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

(27) Filed May 22 1911 (28) C. F. DeBose
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCAW OF COLUMBIA, COLUMBIA, S. C.

be reported as stillborn. No rep