

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.  
MCGRAW HILL COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of S. C. 1st  
Township of W. 1st  
or  
Inc. Town of.....  
or  
City of.....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 4010 Registered No. 54  
(For use of Local Registrar)

File No.—For State Registrar Only  
**24007**

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

(2) Full Name of Child Mac Floyd Jr.

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 27, 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Mac Floyd  
(9) PRESENT POSTOFFICE OF FATHER More SE R 2  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30  
(Years)

(12) BIRTHPLACE SE

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Patricia Grant  
(15) PRESENT POSTOFFICE OF MOTHER More SE R 2  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19  
(Years)

(18) BIRTHPLACE SE

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 6 A. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Williams

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife W. H. Williams

Given name added from a supplemental report

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

(27) Filed July 25, 1922 (28) W. H. Williams  
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.