

## (1) PLACE OF BIRTH

County of SaludaTownship of #7.2

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

No. 5148

Registration District No. 391.2 Registered No. 8  
(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 Valen Floyd If child is not yet named, make supplemental report as directed(3) SEX OF CHILD girl (4) Twin or Triplet No (5) Sunday or other day of birth yes (6) DATE OF BIRTH Feb. 5, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(7) FULL NAME Earnest Floyd(8) PRESENT POSTOFFICE OF FATHER Silver Street S.C.(9) COLOR OR RACE black (10) AGE AT LAST BIRTHDAY 32(11) BIRTHPLACE S.C.(12) OCCUPATION Farmer(13) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Boulmigh(15) PRESENT POSTOFFICE OF MOTHER Silver Street S.C.(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 28(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 4:40 P.M. on the date above stated. (Hour A. M. or P. M.)(22) (Signature) Lizzie Coleman(23) State whether Physician or Midwife midwife (24) Address of Physician or Midwife Silver Street S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed Feb 23 1923 (27) J.D. Coleman19  
Registrar

When there was no attending physician or midwife, then the father, householder, or other person, if a child breathes even once, it must not be reported as stillborn. No report before the fifth month of pregnancy.