

(1) PLACE OF BIRTH

County of DarlingtonTownship of Darlingtonor
Inc. Town of
or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

59553

Registration District No. 1591 Registered No.

(For use of Local Registrar)

(2) Full Name of Child Darrit Floyd { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <i>is he preceded only in case of Twin or Triplet?</i>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>April 1 1944</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Charles Floyd(9) PRESENT POSTOFFICE OF FATHER Darlington S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Darlington S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Estell Hudson(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Darlington S.C.(19) OCCUPATION Farming(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) Signature Midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Darlington S.C.

Given name added from a supplemental report

(26) Signature C. A. Early(27) Witness C. A. Early

(28) Signature of witness necessary only when question 22 is signed by mother

(29) Filed April 1 1944 (30) C. A. Early 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 fifth month of pregnancy.

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 8.

New, of Columbia