

Form No. 1

(1) PLACE OF BIRTH

County of HenryTownship of Floyd

or

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

36343

Registration District No. 2408 Registered No. 123

(For use of Local Registrar)

(2) Full Name of Child Water Dagon Floyd

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

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 10, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Tom Floyd</u>			(14) NAME BEFORE MARRIAGE <u>Lena Floyd</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Nichols SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Nichols SC</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Henry Co SC</u>			(18) BIRTHPLACE <u>Henry Co SC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.) 12 A.M.(23) (Signature) E. J. McLeod(24) State whether Physician or Midwife (25) Address of Physician or Midwife Nichols SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1923

(28)

E. J. McLeod

*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.