

MARGIN RESERVED FOR RECORD
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

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Union</u>		STATE OF SOUTH CAROLINA		79573	
Township of <u>Cross Keys</u>		Bureau of Vital Statistics			
or Inc. Town of <u>SC</u>		State Board of Health			
City of		Registration District No. <u>4200</u>		Registered No. <u>47</u>	
(No. St. Ward)				(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Russell Floyd</u>				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 <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 29, 1918</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Russell Floyd</u>			(14) NAME BEFORE MARRIAGE <u>Annie Gist</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Sedalia St. Pate</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sedalia St. Pate</u>		
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>Union Co</u>			(18) BIRTHPLACE <u>Union Co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer wife</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 <u>alive</u> at <u>1 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Dr. Mosely</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Physician Cross Keys</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 Registrar			(27) Filed 19 (28) Local Registrar <u>Dr. Mosely</u>		
*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.					