

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. DEPT. OF COMMERCE, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Aiken
 Township of Wedge
 or Town of Graniteville Registration District No. 2-R Registered No. 10
 (For use of Local Registrar)
 City of _____ (No. _____ St. _____ Ward _____)
 (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
13383

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth _____	(6) Age Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>May 4 1922</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Fred Gary Floyd</u>	(14) NAME BEFORE MARRIAGE <u>Rose Leona Barton</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Graniteville, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Graniteville, S.C.</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>Graniteville, S.C.</u>	(18) BIRTHPLACE <u>Graniteville, S.C.</u>			
(13) OCCUPATION <u>section hand spinning</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10¹⁰ P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. B. Turnbull, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Graniteville, S.C.

Given name added from a supplemental report

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed May 10 1922 (28) W. B. Turnbull, M.D. 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.

5/27
W. B. Turnbull
 Local Registrar

Given name added from a supplemental report