

(1) PLACE OF BIRTH

County of *Newberry*Township of *Thrift*

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

35727

Registration District No. *3483*Registered No. *55*
(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

Emerson B. Floyd

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

Number in order of birth

(5) Are Parents Married?

No

(7) DATE OF

BIRTH

Oct 12, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

Lucy Floyd

(15) PRESENT POSTOFFICE OF MOTHER

Newberry

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Newberry Co.

(19) OCCUPATION

Tom Laborer

(20) Number of children born to mother, including present birth

One

(21) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *4 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Newberry

Given name added from a supplemental report

(26) Witness

J. G. Floyd
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Oct 22, 1922

(28)

J. G. Floyd
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.