

(1) PLACE OF BIRTH

County of YorkTownship of Bethelor
Inc. Town of

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

24302

Registration District No. 4400 Registered No. 26

(For use of Local Registrar)

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

1) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet?	5) Number in order of birth <u>4</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 19, 1922</u>
To be answered only in event of Twin or Triplet's				(Name of Month) (Day) (Year)

FATHER. MOTHER.

8) FULL NAME Clyde F. Floyd 14) NAME BEFORE MARRIAGE Mary Biggs9) PRESENT POSTOFFICE OF FATHER Chlor S.C. RR #2 15) PRESENT POSTOFFICE OF MOTHER Chlor S.C. RR #210) COLOR OR RACE Black 11) AGE AT LAST BIRTHDAY 47 16) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 3712) BIRTHPLACE S.C. 18) BIRTHPLACE S.C.13) OCCUPATION Housewife 19) OCCUPATION Housewife20) Number of children born to mother, including present birth Four 21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 3 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chlor S.C. RR #2

Given name added from a supplemental report

101....

Registrar

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

(27) Filed July 13, 1922 (28) O. C. Ford 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.

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