

# **CERTIFICATE OF BIRTH** **STATE OF SOUTH CAROLINA** Bureau of Vital Statistics State Board of Health

File No. — For State Registrar Only

35756

## (1) PLACE OF BIRTH

County of NewberryTownship of # 4or  
Loc. Town of .....or  
City of .....Registration District No. 3409Registered No. 98  
(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 Seacres Floyd If child is not yet named, make supplemental report as directed

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? <u>No</u>	5. Number in order of birth <u>1</u>	6. Sex <u>Male</u>	7. DATE OF BIRTH <u>Oct 17 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
8. FULL NAME <u>Malcolm Floyd</u>	14. NAME BEFORE MARRIAGE <u>Viola Floyd</u>	9. PRESENT POSTOFFICE OF FATHER <u>Newberry SC</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Newberry SC</u>

10. COLOR OR RACE <u>Colored</u>	11. AGE AT LAST BIRTHDAY <u>23</u> (Years)	16. COLOR OR RACE <u>Colored</u>	17. AGE AT LAST BIRTHDAY <u>19</u> (Years)
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12. BIRTHPLACE <u>Newberry SC</u>	18. BIRTHPLACE <u>Newberry SC</u>
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13. OCCUPATION <u>Farming</u>	19. OCCUPATION <u>House wife</u>
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20. Number of children born to mother, including present birth <u>1</u>	21. Number of children of this mother now living, including present birth <u>1</u>
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## **CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Laura Sherwin (24) State whether Physician or Midwife(25) Address of Physician or Midwife  
and wife Newberry SC

Given name added from a supplemental report

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

(27) Filed Oct 18 1922 (28) H. P. Miller 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.