

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.

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

File No.—For State Registrar Only
22384

County of **Greenville**
Township of **Greenville**
or
Inc. Town of **Riverside**
or
City of _____

Registration District No. **2209A** Registered No. **244**
(For use of Local Registrar)

(1) PLACE OF BIRTH
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **Josel May Play** If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL **Girl** (4) Twin or Triplet? **No** (5) Number in order of birth **1** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **June 27, 1922**
(Month of Month) (Day) (Year)

FATHER. (8) FULL NAME **Charles Ernest Floyd** (9) PRESENT POSTOFFICE OF FATHER **Revere SC** (10) COLOR OR RACE **W** (11) AGE AT LAST BIRTHDAY **37** (Years) (12) BIRTHPLACE **Greenville SC** (13) OCCUPATION **Farmer**

MOTHER. (14) NAME BEFORE MARRIAGE **Emmelene Selmy** (15) PRESENT POSTOFFICE OF MOTHER **Same** (16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **33** (Years) (18) BIRTHPLACE **SC** (19) OCCUPATION **Housewife**

(20) Number of children born to mother, including present birth **6** (21) Number of children of this mother now living, including present birth **6**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) **Chas. P. Pearson** (24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Greenville, 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 **Aug 9, 1922** (28) **G. H. Mackley** 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.

Supplementary _____ (Date of) _____ Filed **5-15-41** **MA 192 D.** _____ Registrar: _____