

(1) PLACE OF BIRTH

County of .....  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Floris

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only

42306

Registration District No. 20-A Registered No. 378  
 (For use of Local Registrar)

(No. 7 Manning St.; One Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) ~~BOY OR GIRL~~ (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 10 22  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Walter H. Nyman

(14) NAME BEFORE MARRIAGE Gussie Nyman

(9) PRESENT POSTOFFICE OF FATHER Floris

(15) PRESENT POSTOFFICE OF MOTHER Floris

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Floris S.C.

(18) BIRTHPLACE Floris S.C.

(13) OCCUPATION Gen. Conductor Ry. Co.

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed Dec 15 1922 (28) P. H. Bughaw 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.