

(1) PLACE OF BIRTH

County of BlaineTownship of Smottsor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42848

Registration District No. 2012 Registered No. 121

(For use of Local Registrar)

St.: _____ Ward: _____

2 Full Name of Child Henry Burton Floyd

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? One(5) Number in order of birth 1st(6) Are Parents Married? Yes(7) DATE OF BIRTH Oct. 23, 1921
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Henry Floyd(9) PRESENT POSTOFFICE OF FATHER Lake City, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 39
(Years)(12) BIRTHPLACE Marion, W.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Della Jane Lee(15) PRESENT POSTOFFICE OF MOTHER Lake City, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 31
(Years)(18) BIRTHPLACE Flournoy, CO(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at _____ on the date above stated.

(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Blaine, 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 Jan 11 1922 (28) [Signature]

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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