PLACE OF BIRTH

County of Florence

Township of Florence

or

No. Town of .....

or

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

Registration District No. 2012 Registered No. 15
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

File No.—For State Registrar Only
43868

(1) Full Name of Child Willie Bethea Floyd

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

(2) Sex of Child: Male

(3) Twin or Triplet — To be answered only in case of Twins or Triplets

(4) Number in order of birth

(5) Are parents married? Yes

(6) Date of Birth: Oct. 24 1923 (Month) (Day) (Year)

FATHER.

(7) Full Name: Wilson Floyd

(8) Present Postoffice of Father: Scranton, S.C.

(9) Color or Race: Colored

(11) Age at last birthday: 44 (Years)

(12) Birthplace: Florence Co.

(13) Occupation: Farmer

(14) Number of children born to mother, including present birth: 1

MOTHER.

(15) Maiden Name: Dora Mae Bell Anderson

(16) Present Postoffice of Mother: Scranton, S.C.

(17) Color or Race: White

(17) Age at last birthday: 22 (Years)

(18) Birthplace: Florence Co.

(19) Occupation: Domestic

(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 A. M. (Hour — A. M. or P. M.) on the date above stated.

(23) (Signature) S. C. Floyd, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife: Florence, S.C.

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed 1/22 1924 (28) R. S. Kelly
Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this report.
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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