(1) PLACE OF BIRTH

County of Horry

Township of Floyd

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
30765

Registration District No. 2208 Registered No. 79
(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 Princie Lucile Floyd | If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? | (5) Number in order of birth — To be answered only in event of Twins or Triplets | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Sept 14 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Fed Floyd	(14) NAME BEFORE MARRIAGE	Princie Crebb
(9) PRESENT POSTOFFICE OF FATHER	Nichols SC	(15) PRESENT POSTOFFICE OF MOTHER	Nichols SC
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	53	(17) AGE AT LAST BIRTHDAY (Years)	42
(12) BIRTHPLACE	Horry Co SC	(18) BIRTHPLACE	Marion Co SC
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	9	(21) Number of children of this mother now living, including present birth	9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) C. D. Bullock

(24) State whether Physician or Midwife: M.D.

(25) Address of Physician or Midwife: Nichols 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 Sept 22 1922 (28) C. F. DeBerry
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

McCaw of Columbia, Columbia, S. C.