

Form No. 1

(1) PLACE OF BIRTH

County of Berkley
 Township of St. Stephens
 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
3025

Registration District No. 705

Registered No. 6
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child R. L. Floyd

(3) BOY OR GIRL B (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Feb. 2, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Douglas Floyd
 (9) PRESENT POSTOFFICE OF FATHER St. Stephens
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
 (12) BIRTHPLACE Williamsburg
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Kizzie Floyd
 (15) PRESENT POSTOFFICE OF MOTHER St. Stephens
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
 (18) BIRTHPLACE Williamsburg
 (19) OCCUPATION St. Stephens
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 100 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarena Harless
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Stephens

Given name added from a supplemental report
 19
 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Feb. 12, 1923 (28) R. L. Floyd

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.

MAINTAIN SEPARATE FILE FOR EACH BIRTH. WITH COPY OF THIS REPORT, ATTACH A PERMANENT RECORD. THIS REPORT IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, NO. 1, THIS OFFICE, NO. 2, IN SECTION 1.