Form No. 10.

MARGIN RESERVED FOR BINDING.

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

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
42990

(1) PLACE OF BIRTH

County of Greenville

Township of Chick Springs

or

Inc. Town of ..... Registration District No. 2204 Registered No. 104
(For use of Local Registrar)

or

City of ..... (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 Bishop Clifton Floyd Jr. 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? | (7) DATE OF BIRTH |
|---|---|---|---|---|
| Boy | | | Yes | Oct. 7, 191— (Name of Month) (Day) (Year) |

To be answered only in event of Twins or Triplets

| FATHER. | MOTHER. |
|---|---|
| (8) FULL NAME Bishop C. Floyd. | (14) NAME BEFORE MARRIAGE Ethel Herman |
| (9) PRESENT POSTOFFICE OF FATHER Greenville | (15) PRESENT POSTOFFICE OF MOTHER Greenville |
| (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years) | (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years) |
| (12) BIRTHPLACE Rugland Ala. | (18) BIRTHPLACE Cusa Ala. |
| (13) OCCUPATION Cotton Weaver | (19) OCCUPATION House Wife |
| (20) Number of children born to mother, including present birth 1 | (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 Born alive (born alive or stillborn) at 1-30 A.M. (Hour A. M. or P. M.) on the date above stated.

L.A.R. edm
offd 6/17/43

(23) (Signature) C. Wy. McCaw

(24) State whether Physician or Midwife: Physicia

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

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed 12/7 1945 (28) W. Spinnett 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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