

(1) PLACE OF BIRTH

County of Strom
 Township of Fluys
 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

19047

Registration District No 2-5-08 Registered No. 5-5
 (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

Agell Floyd

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

3) BOY OR GIRL? girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH June 4, 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Gas Clyde Floyd
 9) PRESENT POSTOFFICE OF FATHER Labor NC #2
 10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 26
 (Years)
 12) BIRTHPLACE Horry Co, SC
 13) OCCUPATION Farming
 20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Domie L. C. Williams
 15) PRESENT POSTOFFICE OF MOTHER Labor NC #2
 16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 23
 (Years)
 18) BIRTHPLACE Horry Co, SC
 19) OCCUPATION Housewife
 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 at 5:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. Lewis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Labor NC #2

Given name added from a supplemental report

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

(27) Filed July 10, 1922(28) S. E. Williamson

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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