

## PLACE OF BIRTH

County of JamesMunicipality of Northor  
City of .....or  
Town of .....or  
City of .....

# CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

No. for this Register only  
**43870**Registration District No. 2012Registered No. 17  
(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.)

(1) Full Name of Child Sumner David Floyd If child is not yet named, make supplemental report as directed

(2) SEX OF CHILD <u>Male</u>	(3) Type of Infant To be answered only in case of Twin or Triplets	(4) Number in order of birth	(5) Age of Child <u>1 year</u>	(6) DATE OF BIRTH <u>Dec. 18, 23</u> (Month) (Day) (Year)
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**FATHER.**

(7) FULL NAME Sumner David Floyd

(8) PRESENT POSTOFFICE OF FATHER Sumner, S.C.

(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 28

(11) BIRTHPLACE James B.

(12) OCCUPATION Farmer

**MOTHER.**

(13) NAME BEFORE MARRIAGE Mrs. D. David

(14) PRESENT POSTOFFICE OF MOTHER Sumner, S.C.

(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 17

(17) BIRTHPLACE James B.

(18) OCCUPATION Domestic

(19) Number of children of this mother now living, including present birth 2

(20) Number of children born to mother, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated. (Born alive or stillborn: (Hour, P. M. or P. M.))(22) (Signature) S. C. Floyd, M.D.(23) State whether Physician or Midwife Physician

Give name added from a supplemental report

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

(25) Filed 1/25-24-25 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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