

Form No. 1

(1) PLACE OF BIRTH

County of Allen
 Township of Rocky Mtn
 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
36955

Registration District No. 2-4-9 Registered No. 52
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 St.; Ward)

(2) Full Name of Child Ruth Crowell (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 2 (6) Are Parents Married? ☒ (7) DATE OF BIRTH Nov 3 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Luther Crowell
 (9) PRESENT POSTOFFICE OF FATHER Sally. A.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 35
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Oline Lyles
 (15) PRESENT POSTOFFICE OF MOTHER Sally. A.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 22
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House wife
 (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 Oline at 1:15 A.M.,
 on the date above stated. (Hour A. M. or P. M.)
 Born alive or stillborn

(23) (Signature) Charity X Lyles
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Perry, S.C.

Given name added from a supplemental report

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

(27) Filed Nov 12 1922 (28) Chas. H. Sallee
 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.