

Form No. 2
(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

If birth occurs in a hospital or other institution, give name of same instead of street and number.

CERTIFICATE OF BIRTH

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

Registration District No.

File No.—For State Registrar Only

87277

Registered No. 54
(For use of Local Registrar)

St.; Ward

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

(2) Full Name of Child

Lora Elizabeth Cronch

(7) DATE OF

BIRTH Oct 18 1916
(Name of Month) (Day) (Year)

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

FATHER.

(8) FULL NAME

Ben. B. Cronch

(9) PRESENT POSTOFFICE OF FATHER

Saluda R.R. #4

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24

(12) BIRTHPLACE

Saluda Co S.C.

(13) OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Indie Schunpfer

(15) PRESENT POSTOFFICE OF MOTHER

Saluda R.R. #4

(16) COLOR OR RACE

White

(18) BIRTHPLACE

Newburg Co S.C.

(19) OCCUPATION

Housewife

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.at 10 P.M.
(Hour, M., or P.M.)

(23) (Signature)

(24) State whether Physician

(25) Address of Physician or Midwife
Saluda S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov 30 1916

(28)

B. Cronch
Local Registrar.19
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.