

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. THIS OTHER, No. 2, etc., in question 5.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Seneca
Township of Center
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

74072

Registration District No. 35.2 Registered No. 135
(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.)

(2) Full Name of Child Albert S. Cromer If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH. <u>Aug. 2, 1917</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Ezra Cromer
(9) PRESENT POSTOFFICE OF FATHER Seneca S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Anderson Co S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Grace Martin
(15) PRESENT POSTOFFICE OF MOTHER Seneca S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Anderson Co S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. A. Strickland
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Westminster

Given name added from a supplemental report

Filed July 24, 1917
C. W. Miller
19 ..
Registrar

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

(27) Filed Aug. 15, 1917 (28) M. H. Co
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.