

(2) Full Name of Child *Albie Crank*

Sex *Boy* Age *1* Birth Date *4* Birth Place *...*

Place of Birth *Dorsey Crank*

State *Ind. S.B.*

Race *Black* (3) *...*

County *Chester County*

Occupation *Farmer*

Number of children born to mother *4*

Number of children living *3*

(28) I hereby certify that I attended the birth of this child, who was ... *Albie* ... on the date above stated.

(29) (Signature) *Albie Crank*

(30) State whether Physician or Midwife *Midwife*

(31) Address of Physician or Midwife *...*

Given name added from a supplemental report

(32) Witness (Signature of Witness) *...*

(33) Date *Feb. 1, 1922*

When there was an attending physician or midwife, the signature of the physician or midwife must be given.