

(1) PLACE OF BIRTH

County of GeorgetownTownship of # 55or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42533

Registration District No. 2104 Registered No. 75
(For use of Local Registrar)

St.; Ward)

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

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

(2) Full Name of Child Violet Cribb(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 15 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard E. Cribb(9) PRESENT POSTOFFICE OF FATHER Hemmingway St.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Porter County(13) OCCUPATION Ferryman(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Gertha Green(15) PRESENT POSTOFFICE OF MOTHER Hemmingway St.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Georgetown County(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:00 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Richard E. Cribb (24) Address of Physician or Midwife Hemmingway St.(24) State whether Doctor

Given name added from a supplemental report

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

(27) Filed Dec 27 1922 (28) H. L. Cribb 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.