

(1) PLACE OF BIRTH

County of Williamsburg
 Township of Pennif
 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

9464

Registration District No. 4308 Registered No. 23
 (For use of Local Registrar)

City of (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 Clyde Mac Craus

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

(3) BOY OR GIRL Boy (4) Twin or Triplet (5) Number in order of birth (6) Age yes (7) DATE OF BIRTH March 18 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard Craus

(9) PRESENT POSTOFFICE OF FATHER Lanes, S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Year)

(12) BIRTHPLACE Williamsburg co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Leav Davis

(15) PRESENT POSTOFFICE OF MOTHER Lanes, S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Year)

(18) BIRTHPLACE Williamsburg co. S.C.

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:25 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dinah Casey (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lanes, 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 March 18 1922 (28) A. R. Moseley 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.