

## (1) PLACE OF BIRTH

County of OconeeTownship of WagonerEas. Town of WachaleeCity of Wachalee  
(If birth occurs in a hospital other institution, give name of hospital and street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFILE NO. 4713Registration District No. 300 Beginning on 2 3(2) Full Name of Child Ollie Crumpton If child is not yet named, make suggestion of name and report as directed(3) SEX Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Age at last birthday 2 (7) DATE OF BIRTH 2 3(8) FULL NAME John V. Crumpton (9) NAME BEFORE MARRIAGE Rosa Capps(10) PRESENT POSTOFFICE OF FATHER Wachalee (11) PRESENT POSTOFFICE OF MOTHER Wachalee(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 27 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 26(16) BIRTHPLACE Oconee Co S.C. (17) BIRTHPLACE Oconee Co S.C.(18) OCCUPATION Carden (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 3 (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 on 2 3 at Wachalee on the date above stated.(23) (Signature) [Signature] (24) State where physician or midwife is licensed South Carolina(25) Witness [Signature] (26) Signature of Witness necessary only when Section 26 is signed by mother(27) Local Registrar [Signature]

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes even once, it must not be reported as stillborn. No report is desired of stillbirths before the 5th month of pregnancy.

(28) Filed 1/2 19 28 (29) Local Registrar [Signature]

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Wend Barcland