

(1) PLACE OF BIRTH

County of MarionTownship of St. Lukeor
Inc. Town ofCity of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4528

Registration District No. 24.....Registered No. 19.....
(For use of Local Registrar)Full Name of Child James Henry Crosby If child is not yet named, make supplemental report as directed(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 Feb 13 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Crosby(9) PRESENT POSTOFFICE OF FATHER Castellale(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Castellale(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Phillips(15) PRESENT POSTOFFICE OF MOTHER Castellale(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Castellale(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 40 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Phillips(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Castellale

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 14 1922 (28) W. H. Phillips 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.

MARGIN RESERVED FOR BINDING. FORM NO. 7. WRITE PLAINLY, WITH ENLARGED INC.—THIS IS A PERMANENT RECORD. FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6. McCaw, of Columbia.