

PLACE OF BIRTH

County of ANDREWS

Township of

or
In Town ofor
City of

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

(2) Full Name of Child Northeline Sherren Crockett

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

(1) SEX OF CHILD Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH June 10 23

(Name of Month) (Day) (Year)

(8) FULL NAME J. S. Crockett(9) PRESENT POSTOFFICE OF FATHER Bluffton(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 29

(Years)

(12) BIRTHPLACE Va.(13) OCCUPATION Sawyer (Lumber)(14) Number of children born to mother, including present birth 5(15) NAME BEFORE MARRIAGE Susan Kiernan(16) PRESENT POSTOFFICE OF MOTHER bluffton(17) COLOR OR RACE white(18) AGE AT LAST BIRTHDAY 28

(Years)

(19) BIRTHPLACE Va.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5(22) I hereby certify that I attended the birth of this child, who was alive at 10 A. M. on the date above stated.(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Hidgeland, S.C.

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

(27) Filed June 23 1923 (28) P. B. Dean Local Registrar

(29) 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.

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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 2600Registered No. 12

(For use of Local Registrar)

(No. of Ward)

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