

1. PLACE OF BIRTH

County of Corn
 Township of Heave
 or
 Inc. Town of Salmon
 or
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3500

FILE No.—For State Registrar Only

44726

Registered No. _____

(For use of Local Registrar)

(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 Joseph Burton Crompton

(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 36. Are Parents Married? Yes

7. DATE OF BIRTH

2 2 3 1933
 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME Stewart Crompton9. PRESENT POSTOFFICE OF FATHER Salmon10. COLOR OR RACE White11. AGE AT LAST BIRTHDAY 27

(Years)

12. BIRTHPLACE Salmon13. OCCUPATION Farmer20. Number of children born to mother, including present birth 3

MOTHER

14. NAME BEFORE MARRIAGE Marion Jane Kelly15. PRESENT POSTOFFICE OF MOTHER Salmon16. COLOR OR RACE White17. AGE AT LAST BIRTHDAY 26

(Years)

18. BIRTHPLACE Corn19. OCCUPATION Farmer21. 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 alive at A M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature B. F. Sloan24. State whether Physician or Midwife Physician25. Address of Physician or Midwife Walla Walla S.F.

Given name added from a supplemental report

Oct. 13, 1933.Martin B. Woodward, M.D.
Dist. State Registrar

26. Witness

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

27. Filed

19

28.

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
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N.B.—In case of TWINS or TRIPLETS, use SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

LAST NAMED PRINTING CO.