

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Orange
 Township of Orange
 or
 Inc. Town of
 or
 City 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

No. — For State Registrar Only
2657

Registration District No. 209 Registered No. 10
 (For use of Local Registrar)

(2) Full Name of Child Harold Crawford Crosby If child is not yet named, make supplemental report as directed

(3) SEX OR ONLY Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of Parents 28 (7) DATE OF BIRTH Feb 7 1923
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Franklin S. Crosby</u>	(14) NAME BEFORE MARRIAGE <u>Harold Crosby</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Orange</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Orange</u>
(12) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>18</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>16</u>
(13) BIRTHPLACE <u>Orange</u>	(15) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Orange</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Harold Crosby
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed 2/24/23 (28) H. H. H. H. 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 sixth month of pregnancy.

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