

(1) PLACE OF BIRTH

County of H. Jambura
Township of Payford Bridge
or
Inc. Town of Okla, etc
City of Okla, etc

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 401

FILE NUMBER
31725

Registered No. 105
(For use of Local Registrar)

(2) Full Name of Child Lytha Sarah Crowder
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) SEX <u>Girl</u>	(4) Type or of Tubercle To be reported only in case of Tubercle	(5) Number of Birth	(6) Age at Birth <u>0</u>	(7) Date of Birth <u>11-19-23</u> (Month) (Day) (Year)
FATHER			MOTHER	
(8) NAME OF FATHER <u>Nathan Crowder</u>			(9) NAME OF MOTHER <u>Berna Benjamin</u>	
(10) COLOR OF FATHER <u>White</u>			(11) COLOR OF MOTHER <u>White</u>	
(12) OCCUPATION <u>Merchant</u>			(13) OCCUPATION <u>Housewife</u>	
(14) Number of children born to mother, including present birth <u>1</u>			(15) Number of children of the mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(16) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(17) (Signature) Chas. J. B. B. B. (Date) 11-19-23
(18) State whether Physician or Midwife

Given name added from a supplementary report None

(19) Address of Physician or Midwife Okla, etc

(20) Witness Chas. J. B. B. B.
(Signature of Witness necessary only when question 16 is signed by mark)

(21) Filed Dec 1 1923

When there was no attending physician or midwife, then the father, householder, etc. should make a report if a child breathes even once. It must not be reported as stillborn. No report is desired of a child before the fifth month of pregnancy.