

FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of
OF
Inc. Town of
OR
City of W.

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

Registration District No. 9 A

File No. — For State Registrar Only
29219

Registered No. 1349
(For use of Local Registrar)

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

(2) Full Name of Child — Baby Crosby

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 83 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 2 22
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Melvin Lee Crosby
(9) PRESENT POSTOFFICE OF FATHER Charleston SC
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 28
(12) BIRTHPLACE Ga (Year)
(13) OCCUPATION Fireman RR

MOTHER.

(14) NAME BEFORE MARRIAGE Wichelmina Morlow
(15) PRESENT POSTOFFICE OF MOTHER Charleston SC
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21
(18) BIRTHPLACE SC (Year)
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth Two (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour) (M. of P. M.) 11 P.

(23) (Signature) J. M. Morris
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 14 Elmwood

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 9/18 (28) Memphis Green H. D.
Registrar 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.