

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of Columbia S.C.

(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

File No. — For State Register Only

18885

Registration District No. 38Registered No. 420

(For use of Local Registrar)

(2) Full Name of Child Sula Pearl Crosson

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

(3) BOY OR GIRL Girl

(4) Twin or triplet?

(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH June 9 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Colin Crosson(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Newberry(13) OCCUPATION Waiter(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Paula Burrhead(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Newberry(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Susan Smith(24) State whether Physician or Midwife: Midwife (25) Address of Physician or Midwife: 1925 Hardem St

(Given name added from a supplemental report)

(26) Witness A. J. Sloan (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed June 20 1923 (28) A. J. Sloan 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.

DO NOT SIGN THIS REPORT OF PREGNANCY