

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

FILE - For use of Local Registrar
30052
Registered No. **98**
(For use of Local Registrar)

(1) PLACE OF BIRTH
County of Anderson
Township of Wall
Inc. Town of
City of

Registration District No. 3. R. 4. (No.) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registered No. 98 (For use of Local Registrar)

(2) Full Name of Child Jack Leonard Cromer (If child is not yet named, make supplemental report as directed)

3 SEX Male 4 Age 1 year 5 Number of children born to mother 4 6 Date of birth Sept 24 23
7 Sex of child Male 8 Date of birth Sept 24 23

FATHER
(9) NAME John Ethel Cromer
(10) RESIDENCE Anderson Co. S.C.
(11) COLOR W (12) AGE 24
(13) OCCUPATION Farmer
(14) Number of children born to father 11

MOTHER
(15) NAME General Hable
(16) RESIDENCE Anderson Co. S.C.
(17) COLOR W (18) AGE 24
(19) OCCUPATION Housewife
(20) Number of children born to mother 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (22) (Signature) Oliver V. Smith
(23) State whether Physician or midwife (24) Address of Physician or Midwife Anderson, S.C.

Given name added from a supplemental report
(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(26) Date Sept 24 23 (27) Local Registrar S. M. McAdams

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.
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MADE IN THE UNITED STATES OF AMERICA

WHITE PLAINLY. WITH EXPLANATIONS HERE-ON IS A PERMANENT RECORD.

IN CASE OF TUBES OR TEMPLATES NO SEPARATE BLANK FOR EACH CHILD, AND USE THE FRONT-SHEET, No. 1. THIS FORM, No. 2, etc., IN QUANTITY.