

## (1) PLACE OF BIRTH

County of YorkTownship of Great River

In or

City of

(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 HealthNo. 8882—For State Registrar Only

8882

Registration District No. 4407Registered No. 13  
(For use of Local Registrar)

## (2) Full Name of Child

Mary Belle Crosby

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

(3) SEX OF CHILD Girl (4) Type or Triplet No (5) Number in order of birth 1 (6) Age at birth 1 yr (7) DATE OF BIRTH Feb 21 23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Samuel Crosby(9) PRESENT POSTOFFICE OF FATHER Sharon SC(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40  
(Year)(12) BIRTHPLACE York(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Lorris Crosby(15) PRESENT POSTOFFICE OF MOTHER Sharon SC(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30  
(Year)(18) BIRTHPLACE York(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M. on the date above stated.  
(Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Mattie McFeins(24) State whether, Physician or Midwife Midwife(25) Address of Physician or Midwife Sharon SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when Question 23 is signed by mark)

(27) Date Feb 1, 23 (28) Local Registrar C. W. Farley

\*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.