

(1) PLACE OF BIRTH **Chester**
 County of **Lewisville**
 Township of **Lewisville**
 or
 Inc. Town of
 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 Health

File No. — For State Registrar Only
76280

Registration District No. **1106** Registered No. **123**
 (For use of Local Registrar)
 St.; Ward

(2) Full Name of Child **Elizabeth Crockett**
 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
 (6) Are Parents Married? **No.**
 (7) DATE OF BIRTH **Sept 14 1916**
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Harmon Moadhead**
 (9) PRESENT POSTOFFICE OF FATHER **Pickens S.C.**
 (10) COLOR OR RACE **Black**
 (11) AGE AT LAST BIRTHDAY **25**
 (Years)
 (12) BIRTHPLACE **Chester S.C.**
 (13) OCCUPATION **Farming**
 (20) Number of children born to mother, including present birth **1**

MOTHER.

(14) NAME BEFORE MARRIAGE **Sally Crockett**
 (15) PRESENT POSTOFFICE OF MOTHER **Pickens**
 (16) COLOR OR RACE **Black**
 (17) AGE AT LAST BIRTHDAY **18**
 (Years)
 (18) BIRTHPLACE **Chester S.C.**
 (19) OCCUPATION **Farm Labor**
 (21) Number of children of this mother now living, including present birth **1**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) **Elizabeth Crockett**
 (24) State whether Physician or Midwife **Midwife**
 (25) Address of Physician or Midwife **125 S. Main St. Pickens S.C.**

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness **J. N. Gast**
 Signature of Witness necessary only when question 23 is signed by mark.
 (27) Filed **1916** (28) **J. N. Gast**
 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCay, of Columbia.