

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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.)

(2) Full Name of Child

File No.—For State Registrar Only

39400

CERTIFICATE OF BIRTH

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

Registration District No. 3911

Registered No. 147
(For use of Local Registrar)

(No. St. Ward)

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

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Nov 22 27
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Harry Crestis

(9) PRESENT POSTOFFICE OF FATHER

Bennettsville, S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

37
(Years)

(12) BIRTHPLACE

Mulbow, C. S.C.

(13) OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie Dudley

(15) PRESENT POSTOFFICE OF MOTHER

Bennettsville, S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

33
(Years)

(18) BIRTHPLACE

Mulbow, C. S.C.

(19) OCCUPATION

Cook

(20) Number of children born to mother, including present birth

9

(21) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Ollie Townsend

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Bennettsville, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Date

Dec 8 27
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.