

DEPARTMENT OF HEALTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Register Only

12742

County of Anderson

Township of

or
In Town of

or
City of

Registration District No. 313

Registered No. 38

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James J. Crain

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

(3) BOY OR GIRL? Boy (4) Male (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 11 1923
(Name) (Month) (Day) (Year)

FATHER. (8) FULL NAME Carroll Crain (9) NAME BEFORE MARRIAGE Carroll Crain

(10) PRESENT POSTOFFICE OF FATHER Piedmont, S.C. (11) PRESENT POSTOFFICE OF MOTHER Piedmont, S.C.

(12) COLOR OR RACE W (13) AGE AT LAST BIRTHDAY 30 (14) COLOR OR RACE W (15) AGE AT LAST BIRTHDAY 28
(Years) (Years)

(16) BIRTHPLACE A.C. (17) BIRTHPLACE S.C.

(18) OCCUPATION mill (19) OCCUPATION domestic

(20) Number of children born to mother, including present birth 2 (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 (Born alive or stillborn) (How A. M. or P. M.)
on the date above stated.

(23) (Signature) Thos. J. Crain

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed May 30 1923 (28) T. J. Crain 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.

a Supplementary report

Address 24 mon

Filed 19