

(1) PLACE OF BIRTH

County of NewberryTownship of Flory

or Inc. Town of

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

35728

Registration District No. 3409 Registered No. 57

(For use of Local Registrar)

St. _____ Ward _____

2) Full Name of Child Mary Lucile Crump If child is not yet named, make supplemental report as directedBOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 9, 1922 (Name of Month) (Day) (Year)

FATHER.

3) FULL NAME Porterfield Crump4) PRESENT POSTOFFICE OF FATHER Newberry S.C.5) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)6) BIRTHPLACE Newberry Co. S.C.7) OCCUPATION Farming8) Number of children born to mother, including present birth five

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Jackson(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Newberry Co. S.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Normal (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Edna J. Hines(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Newberry S.C.

Given name added from a supplemental report

(26) Witness B. Dorris (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 15, 1922 (28) J. Y. Floyd 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.

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