

Form No. 1

(1) PLACE OF BIRTH

County of Union
 Township of Crane
 Inc. Town of Crane
 City of Crane

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

File No. — For State Registrar Only
22812

Registration District No. 4200 Registered No. 21
 (For use of Local Registrar)

(No. 2 St. 1 Ward 1)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child J. W. Betts (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL Boy (4) Twin or Triplet? No
 To be answered only in event of Twin or Triplet

(5) Are Parents Married? Yes (6) DATE OF BIRTH Aug 9, 1921
 (Name of Month) (Day) (Year)

FATHER.
 8. FULL NAME James Betts
 9. PRESENT POSTOFFICE OF FATHER Union
 10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Year)
 12. BIRTHPLACE Union County, S.C.
 13. OCCUPATION Farmer

MOTHER.
 14. NAME BEFORE MARRIAGE Addie S. Jones
 15. PRESENT POSTOFFICE OF MOTHER Union
 16. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Year)
 18. BIRTHPLACE Union County, S.C.
 19. OCCUPATION Housewife

20. Number of children born to mother, including present birth 1 (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 or stillborn at 11:00 M., on the date above stated. Hour A. M. or P. M.

(23) (Signature) J. W. Jones (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union, S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) 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.