

(1) PLACE OF BIRTH

County of Bamberg
 Township of Bamberg
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 14.—For this register only
2875

Registration District No. 400Registered No. 78
(For use of Local Registrar)

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

(2) Full Name of Child

Roy Crosby

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

(a) SEX OF CHILD Boy (b) Type or Status Full (c) Number in order of birth 1 (d) Is the child a twin? Yes (e) DATE OF BIRTH Feb. 14, 1923
 (Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Henry Crosby(2) PRESENT RESIDENCE OF FATHER Bamberg(3) COLOR Cal (4) AGE AT LAST BIRTHDAY 38(5) BIRTHPLACE Bamberg(6) OCCUPATION Farmer(7) Number of children born to mother, including present one 7

MOTHER.

(1) FULL NAME Rejinal Rice(2) PRESENT RESIDENCE OF MOTHER Bamberg(3) COLOR Cal (4) AGE AT LAST BIRTHDAY 34(5) BIRTHPLACE Bamberg(6) OCCUPATION Farm Hand(7) Number of children of this mother now living, including present one 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Date A. M. or P. M.)

(29) (Signature) Eda E. E. E.(30) State whether Physician or Midwife Midwife(31) Address of Physician or Midwife Bamberg

(Given name added from a supplemental report)

(32) Witness

(Signature of Witness necessary only when question 28 is signed by mark)

(33) Filed 27423 (34) John C. C.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.