

(1) PLACE OF BIRTH

County of Sp. L.Township of Sp. L.

Inc. Town of

or

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

32359

(2) Full Name of Child Charles Lee Crocker

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Clarence Lee Crocker

(9) PRESENT POSTOFFICE OF FATHER

Clinton S.C.(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

mill

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

{ 1

MOTHER.

(14) NAME BEFORE MARRIAGE

Bertha William

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

va

(19) OCCUPATION

2

(20) 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 6:40 at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

@

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed Sept 10 1912

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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.

should make this return