

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

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County of Spokane

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

8530

Township of Rich. H. Spring

Registration District No. 40008 Registered No. 24
(For use of Local Registrar)

Inc. Town of

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

(3) BOY OR GIRL Girl (4) Twin or Triplet — (5) Number in order of birth — (6) Are Parents Married yes (7) DATE OF BIRTH Feb 4, 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Robert Allen Crisp
(9) PRESENT POSTOFFICE OF FATHER Greene
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Year)
(12) BIRTHPLACE Greenville S.C.
(13) OCCUPATION Cook
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Archie Belle Brooks
(15) PRESENT POSTOFFICE OF MOTHER Greene
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 2 (Year)
(18) BIRTHPLACE Wally Springs S.C.
(19) OCCUPATION Housework
(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 born alive at 7 A.M. on the date above stated. (Normal or stillborn) (Hour A.M. or P.M.)
(23) (Signature) M. R. Canfield
(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 22 is signed by mark)
(27) Filed 7 Mar 10 1923 (28) J. C. Moore 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.