FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
42739

(1) PLACE OF BIRTH
County of Fairfield
Township of 8
or
Inc. Town of .....
or
City of .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 8 Registered No. .....
(For use of Local Registrar)
(No. ..... St.; ..... Ward)

(2) Full Name of Child Cleveland Simon Croleau If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? (If twin or triplet, state number in order of birth)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy	No	No	No	Dec 12 05

FATHER.

(8) FULL NAME Cleveland Croleau
(9) PRESENT POSTOFFICE OF FATHER Ridgeway S C
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Fairfield County S C
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Chappell
(15) PRESENT POSTOFFICE OF MOTHER Ridgeway S C
(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Fairfield County S C
(19) OCCUPATION Farm
(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 Alive (Born alive or stillborn) at 11 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Charlotte Brown
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Ridgeway S C

Given name added from a supplemental report ..... 191....
.....
Registrar

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

(27) Filed Jan. 18 191 6 (28) J. Joshua Hall
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.

WRITE PLAINLY. Write in ink. Do not use pencil. Do not fold. Make no erasures. Use no abbreviations.
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIRD-BORN, No. 3, etc., in question 3.