

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28600

Registration District No.

Registered No.

(For use of Local Registrar)

(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

Ruth Virginia Crenshaw

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

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

APR 23 20

(Name) (Month) (Day) (Year)

## FATHER

(8) FULL NAME

Benjamin Perry Crenshaw

(9) PRESENT POSTOFFICE OF FATHER

96 Lests Ave Union Bleckley

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24

(12) BIRTHPLACE

Pickens Co SC

(13) OCCUPATION

Dextile Worker

## MOTHER

(14) NAME BEFORE MARRIAGE

Ruby Lillian Turner

(15) PRESENT POSTOFFICE OF MOTHER

Same

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23

(18) BIRTHPLACE

Pickens Co SC

(19) OCCUPATION

Housewife

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

4

(21) Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

born alive

at 10:30 A.M. on the date above stated.

(23) (Signature)

(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 mother)

(27) Filed

Sept 23 23

(28)

A. H. Mackay 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.

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