

Form No. 1

(1) PLACE OF BIRTH

County of Florence
 Township of Hannah
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3896

Registration District No. 2016 Registered No. 5
 (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

(3) SEX GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 2</u> 19 <u>23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Ezell E. Crosser</u>	(14) NAME BEFORE MARRIAGE <u>Reola Rogers</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Hymam S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hymam S.C.</u>			
(10) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Year)		
(11) BIRTHPLACE <u>Hannah S.C.</u>	(18) BIRTHPLACE <u>Hannah S.C.</u>			
(12) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House work.</u>			
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>3</u>			

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) (Born M. or P. M.)
 on the date above stated.

(23) (Signature) Mrs. W. W. McAdister(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Hymam S.C.

Given name added from a supplement
 al report

(26) Witness

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

(27) Filed Feb 15 1923(28) W. T. Poston
 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.