

Form No. 1

## (1) PLACE OF BIRTH

County of Fairfield  
Township of 15Inc. Town of  
orCity of ..... (No. .... St.; ..... Ward)  
(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

64258

Registration District No. 1914 Registered No. 23  
(For use of Local Registrar)(2) Full Name of Child J. A. Crumlin { 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? Yes(7) DATE OF  
BIRTH June, 24, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEWallace Crumlin(9) PRESENT  
POSTOFFICE  
OF FATHERMonticello SC(10) COLOR  
OR  
RACENegro(11) AGE AT LAST  
BIRTHDAY24  
(Years)

(12) BIRTHPLACE

Fairfield Co SC

(13) OCCUPATION

Farm laborer(20) Number of children born to  
mother, including present birth{ 2

## MOTHER.

(14) NAME BEFORE  
MARRIAGEEstell Goins(15) PRESENT  
POSTOFFICE  
OF MOTHERMonticello SC(16) COLOR  
OR  
RACENegro(17) AGE AT LAST  
BIRTHDAY23  
(Years)

(18) BIRTHPLACE

Fairfield Co SC

(19) OCCUPATION

Farm laborer & housewife(21) Number of children of this mother  
now living, including present birth{ 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at ..... 13-M.  
on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Lyles M. wife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Monticello SCGiven name added from a supplement  
report

....., 191.....

Registrar

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed June 26(28) J. A. Scott

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.WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
K.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia.