

(1) PLACE OF BIRTH

County of Ramberg  
Township of Bufordville  
or  
Inc. Town of Alma, O.C.  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. - For State Registrar Only  
**273**

Registration District No. 4.01 Registered No. 1  
(For use of Local Registrar)

(2) Full Name of Child \_\_\_\_\_

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 15 1917  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME W. S. Crook  
(9) PRESENT POSTOFFICE OF FATHER Alma O.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)  
(12) BIRTHPLACE Hamblee Co. Ga  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 1/8

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Ide Morris  
(15) PRESENT POSTOFFICE OF MOTHER Alma O.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)  
(18) BIRTHPLACE Hamblee Co. Ga  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born at Alma, O.C. on the date above stated. (Born Alive stillborn) (Sex Male) (P. M.)

(23) (Signature) I. W. Hester, M.D.  
(24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife Alma, O.C.

Given name added from a supplemental report \_\_\_\_\_

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

(27) Filed Feb 16 1917 (28) A. E. Bennett Registrar 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.

\*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.

MAY 1917