

(1) PLACE OF BIRTH  
 County of Colleton  
 Township of Heyward  
 or  
 Inc. Town of .....  
 or  
 City 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  
**45914**

Registration District No. 1406 Registered No. 5  
 (For use of Local Registrar)

(2) Full Name of Child Ruth Crosby { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or triplet? no (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 14 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME W B Crosby  
 (9) PRESENT POSTOFFICE OF FATHER Walterboro SC  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46 (Years)  
 (12) BIRTHPLACE Colleton Co SC  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 4

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Giveno  
 (15) PRESENT POSTOFFICE OF MOTHER Walterboro SC  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)  
 (18) BIRTHPLACE Colleton Co SC  
 (19) OCCUPATION House Wife  
 (21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. V. ...  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife White Hall SC

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

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 20 1916 (28) W B Crosby 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.

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