

Form No. 6

MARGIN RESERVED FOR BINDING.

WRITE 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, No. 1. THE OTHER, No. 2, etc., in question 5.

MACAUM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Spartanburg
 Township of Spartanburg
 OF
 Inc. Town of
 OR
 City of Cleton S.C.
 (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
36499

Registration District No. 4008 Registered No. 354
 (For use of Local Registrar)
 (No. St.; Ward)

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

(3) BOY OR GIRL <u> Girl </u>	(4) Twin or Triplet? <u> 1 </u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u> 7 </u>	(6) Are Parents Married? <u> Yes </u>	(7) DATE OF BIRTH <u> Sept 18 34 </u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u> Will Crocker </u>	(14) NAME BEFORE MARRIAGE <u> Annie Massey. </u>			
(9) PRESENT POSTOFFICE OF FATHER <u> Cleton S.C. </u>	(15) PRESENT POSTOFFICE OF MOTHER <u> Cleton S.C. </u>			
(10) COLOR OR RACE <u> W. </u>	(11) AGE AT LAST BIRTHDAY <u> 49 </u> (Year)	(16) COLOR OR RACE <u> W. </u>	(17) AGE AT LAST BIRTHDAY <u> 35 </u> (Year)	
(12) BIRTHPLACE <u> S.C. </u>		(18) BIRTHPLACE <u> N.C. </u>		
(13) OCCUPATION <u> Gentle </u>		(19) OCCUPATION <u> House Work </u>		
(20) Number of children born to mother, including present birth <u> Seven </u>		(21) Number of children of this mother now living, including present birth <u> Seven </u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was 15 above at 1 a M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Arthur K. Plummer
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife
 Cleton S.C.

Given name added from a supplemental report
 (26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct. 14 1922 (28) Mrs. C. F. Parker
 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.