

## (1) PLACE OF BIRTH

County of Greenville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

30531

Township of .....

or

Inc. Town of .....

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 22098Registered No. 322

(For use of Local Registrar)

(2) Full Name of Child Miriam Lanas Crang

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

(3) BOY OR GIRL? girl(4) Twin or triplet? X(5) Number in order of birth X(6) Are Parents Married? yes(7) DATE OF BIRTH Sept. 8

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Thomas Stewart Crang(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 22

(Years)

(12) BIRTHPLACE Seneca S.C.(13) OCCUPATION office man(14) Number of children born to mother, including present birth One (1)

## MOTHER.

(15) NAME BEFORE MARRIAGE Juliana Baker(16) PRESENT POSTOFFICE OF MOTHER Greenville S.C.

(17) COLOR OR RACE

(18) AGE AT LAST BIRTHDAY 21

(Years)

(19) BIRTHPLACE Gorris S.C.(20) OCCUPATION House wife(21) Number of children of this mother now living, including present birth One (1)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 10-30 9 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Dr. L. L. L. L.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Greenville S.C.

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 Sept. 8 1912

(28)

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.

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