

MARGINAL READING: 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.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">23560</div>
County of <u>Pickens</u>		Registration District No. <u>37.01</u>		Registered No. <u>40</u> (For use of Local Registrar)
Township of <u>Dacusville</u>		City of .....		St.; ..... Ward
or Inc. Town of .....		(No. ....)		(If child is not yet named, make supplemental report as directed)
(2) Full Name of Child <u>Glenn Crane</u>				
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Age at Birth <u>1</u>	(7) DATE OF BIRTH <u>June 22, 1922</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>George W. Crane</u>		(14) NAME BEFORE MARRIAGE <u>Martha Hornum</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Dacusville</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Dacusville</u>		
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small>		(16) COLOR OR RACE <u>White</u>
(12) BIRTHPLACE <u>Tenn.</u>		(17) AGE AT LAST BIRTHDAY <u>42</u> <small>(Years)</small>		(18) BIRTHPLACE <u>Tenn.</u>
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>14</u>		(21) Number of children of this mother now living, including present birth <u>14</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was ..... at ..... M., on the date above stated. <small>(Born alive or Stillborn) (Hour A. M. or P. M.)</small>				
(23) (Signature) <u>Mary Shuler</u>		(24) State whether Physician or Midwife <u>Midwife</u>		
(25) Address of Physician or Midwife <u>Casley St.</u>				
Given name added from a supplemental report .....		(26) Witness .....		
..... 19 .....		(27) Filed <u>Aug 10, 1922</u>		
Registrar		Local Registrar. <u>St. M. Condit</u>		

\*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.