

## (1) PLACE OF BIRTH

County of

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

18213

Registration District No. 705

Registered No. 2

(For use of Local Registrar)

## (2) Full Name of Child Henry Crum

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

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(5) Number in order of birth

To be answered only in case of Twin or Triplets

(6) Are Parent Married?

Yes

(7) DATE OF BIRTH

Jan. 8, 1915

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Oliver Crum

(9) PRESENT POSTOFFICE OF FATHER

St. Stephens S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

43 (Years)

(12) BIRTHPLACE

Berkeley Co.

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Susan Shuler

(15) PRESENT POSTOFFICE OF MOTHER

St. Stephens S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

35 (Years)

(18) BIRTHPLACE

Berkeley Co.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

7

(21) Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

T. M. Boykin

(24) State whether Physician or Midwife (Address of Physician or Midwife)

Midwife St. Stephens S.C.

Given name added from a supplemental report

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(25) Witness

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

(27) Jan. 15, 1915

(28) T. M. Boykin

Local Registrar

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.