

(1) PLACE OF BIRTH

County of

Township of

or  
Town ofor  
City of

# **CERTIFICATE OF BIRTH** STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

File No. — For State Registrar Only  
**66328**

Registration District No. **4008**Registered No. **5-83**

(For use of Local Registrar)

St.; ..... Ward)

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

(2) Full Name of Child **J. V. Crocker**(3) BOY OR GIRL **Boy**

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married **Yes**(7) DATE OF BIRTH **June 13, 1916**

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME **Robert Edmund Crocker**(9) PRESENT POSTOFFICE OF FATHER **Glenoale SC**(10) COLOR OR RACE **White**(11) AGE AT LAST BIRTHDAY **26**

(Years)

(12) BIRTHPLACE **Sparkburg Co SC**(13) OCCUPATION **Farming**(14) NAME BEFORE MARRIAGE **Ella McCombs**(15) PRESENT POSTOFFICE OF MOTHER **Glenoale SC**(16) COLOR OR RACE **White**(17) AGE AT LAST BIRTHDAY **25**

(Years)

(18) BIRTHPLACE **Sparkburg Co SC**(19) OCCUPATION **Housewife**(21) Number of children of this mother now living, including present birth **2**(20) Number of children born to mother, including present birth **3**

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

(22) I hereby certify that I attended the birth of this child, who was **Alive** at **6** ..... **a.m.**  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) **William A. Smith M.D.**

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife **Glenoale 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) When **July 2, 1916**

191.....

(28) **W. H. Parker** Local 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.

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