

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of .....City of Anderson

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

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

3. BOY OR GIRL? <u>X</u>	4. Twin or Triplet? To be answered only in event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>July 16, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

8. FULL NAME James Robert Crossland9. PRESENT POSTOFFICE OF FATHER Anderson S.C.10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)12. BIRTHPLACE Lugoff S.C.13. OCCUPATION Carpenter20. Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Violet Magdalene Haulbrooke(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Conce Co S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wade Thompson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson 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 ..... 19 ..... (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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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
**20833**Registration District No. 3A Registered No. 264  
(For use of Local Registrar)(No. 2 ..... St.; ..... Ward)

IN CASE OF TWINS OR TRIPLETS, RECORD SEPARATELY FOR EACH CHILD, AND MARK THE FIRST-BORN, No 1. THE OTHER, No 2, etc., in question 5.

McGAW OF COLUMBIA, COLUMBIA, S. C.