

(1) PLACE OF BIRTH

County of Colleton  
 Township of Highland  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)  
 (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

81052

Registration District No. 1406 Registered No. 72  
 (For use of Local Registrar)

(2) Full Name of Child

Florence Crosby

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

(3) BOY OR GIRL? girl (4) 1 of 1 of Triplet? (5) Number in order of birth (6) Are yes Parents Married? (7) DATE OF BIRTH Aug 2, 1916  
 (Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Sham C Crosby  
 (9) PRESENT POSTOFFICE OF FATHER Salkhalchie  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 51 (Years)  
 (12) BIRTHPLACE Colleton  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Susan A Smoak  
 (15) PRESENT POSTOFFICE OF MOTHER Salkhalchie  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE Colleton S.C.  
 (19) OCCUPATION Farming  
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. B. Padgett  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Ruffin

Given name added from a supplemental report

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

(27) Filed Nov 10 1916 (28) Sham C Crosby 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.

FIRST-BORN, No. 1. THE OTHERS, No. 2. etc. in question 5. McCaw, of Columbia.