

(1) PLACE OF BIRTH

County of YorkTownship of Grand Riveror
Inc. Town ofor
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

79771

Registration District No. 1402Registered No. 60

(For use of Local Registrar)

(No. _____)

St. _____

Ward _____

(2) Full Name of Child. Charles Green Crosby

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? —(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE May 23, 1916
BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Crosby

(9) PRESENT POSTOFFICE OF FATHER

Sharon S.C.

(10) COLOR OR RACE

Colored(11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE

S. Carolina

(13) OCCUPATION

Farmer(14) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosie M. Carr.

(15) PRESENT POSTOFFICE OF MOTHER

Sharon S.C.

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE

S. Carolina

(19) OCCUPATION

House work(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 _____ at _____ M.L. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Matilda House

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeSharon S.C.

(26) Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

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(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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