

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Colleton</u>		STATE OF SOUTH CAROLINA		18291	
Township of <u>Warren</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>1410</u>		Registered No. <u>40</u>	
or				(For use of Local Registrar)	
City of		(No. St.; Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Elizabeth Crosby</u>		{ If child is not yet named, make supplemental report as directed			
3) BOY OR GIRL? <u>girl</u>	4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	5) Number in order of birth <u>4</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 2, 1922</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
8) FULL NAME <u>Joe Crosby</u>			14) NAME BEFORE MARRIAGE <u>Rosa Williams</u>		
9) PRESENT POSTOFFICE OF FATHER <u>Smocks S C</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Smocks S C</u>		
10) COLOR OR RACE <u>Black</u>			16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
12) BIRTHPLACE <u>S. C.</u>			18) BIRTHPLACE <u>S C</u>		
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Housewife</u>		
20) Number of children born to mother, including present birth <u>4</u>			21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>11 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Augusta Smock</u>			(25) Address of Physician or Midwife <u>Smocks S C</u>		
(24) State whether Physician or Midwife <u>Midwife</u>					
Given name added from a supplemental report			(26) Witness		
....., 19			(Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			(27) File <u>June 7, 1922</u> (28) <u>A. M. H. Kinsey</u> 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.					