

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.

(1) PLACE OF BIRTH

County of Darchester
Township of
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
34209

Registration District No. Registered No.
(For use of Local Registrar)
(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 Infant Crook

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

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH OCT 1 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Carl Crook
(9) PRESENT POSTOFFICE OF FATHER ST. George, S.C.
R. F. O. #1
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 19
(Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Katie Belle Ackerman
(15) PRESENT POSTOFFICE OF MOTHER ST. George, S.C.
R. F. O. #1.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19
(Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(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 born alive on the date above stated. 9:15 A.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife St. George, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 19 (28) Local Registrar

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