

(1) PLACE OF BIRTH

County of Cherokee
Township of Holmesville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
10493Inc. Town of _____ Registration District No. 110.4 Registered No. 11
(For use of Local Registrar)
City of _____ (No. _____) (Give name of _____ Ward)
(if birth occurs in a hospital or other institution, give name of _____ Street and number.)(2) Full Name of Child Mary Crosby 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 10 (6) Age 20 (7) DATE OF BIRTH Apr 2
Is the parent only in case of Twin or Triplet. (Name of Month) (Day) (Year)FATHER
(8) FULL NAME Elbert Crosby
(9) PRESENT POSTOFFICE OF FATHER Leds S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE Fairfield Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 10MOTHER
(14) NAME BEFORE MARRIAGE Mary Feaster
(15) PRESENT POSTOFFICE OF MOTHER Leds S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 40 (Years)
(18) BIRTHPLACE Fairfield Co
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Gov. Feaster(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Leds

Given name added from a supplemental report

(26) Witness

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

(27) File

(28)

Registrar

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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