

(1) PLACE OF BIRTH

County of C. C. Cannel
 Township of White Matter
 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

16097

Registration District No. W. 40Registered No. 11
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joseph Erwin Fredrick child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH May 26, 1922
 To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER: FredrickMOTHER: Cada Crane(8) FULL NAME Joseph Leandrew(14) NAME BEFORE MARRIAGE Cada Crane(9) PRESENT POSTOFFICE OF FATHER Int Rest(15) PRESENT POSTOFFICE OF MOTHER Int Rest(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 4-3 (Year)(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 4-2 (Year)(12) BIRTHPLACE Robert Stone S.C.(18) BIRTHPLACE Int Rest Oconee Co(13) OCCUPATION Farmer(19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2 (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 Born alive at 2 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. C. Reddy (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) W. R. Hunt (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.