

Form No. 1

## (1) PLACE OF BIRTH

County of Cornel  
 Township of Wagner  
 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

31542

Registration District No. 2.1.06 Registered No. 91  
 (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 Aminia Le Croq (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triple? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 24, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(9) FULL NAME J. Westley Le Croq  
 (10) PRESENT POSTOFFICE OF FATHER West Union S.C.

(11) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 45  
 (Year)

(12) BIRTHPLACE Franklin Co Georgia  
 (13) OCCUPATION Brick Mason

(20) Number of children born to mother, including present birth 1 Eleven

## MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Emma Bell  
 (15) PRESENT POSTOFFICE OF MOTHER West Union S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 42  
 (Year)

(18) BIRTHPLACE Deeonee Co. S.C.  
 (19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1 Eleven

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 P.M. on the date above stated. (Born alive or stillborn) (Morn. A.M. or P.M.)

(23) (Signature) B. J. Sloan M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Waltham S.C.

Given name added from a supplemental report

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

(27) Filed Oct 1, 1922 (28) H. H. Lee 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.

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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.  
 MEDICAL DEPARTMENT, COLUMBIA, S. C.