

(1) PLACE OF BIRTH

County of CharlottesvilleTownship of Cross Creek

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20196

Registration District No. 1073 Registered No. 57

(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

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

1. SEX OR CHILD Male 2. Twins or Triplets? No 3. Number in order of birth 1 4. Are Parents Married? Yes 5. DATE OF BIRTH June 26, 1922
(Name of Month) (Day) (Year)

FATHER.

1. FULL NAME W. H. Cross2. PRESENT POSTOFFICE OF FATHER Charlottesville3. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)4. BIRTHPLACE Charlottesville Co.5. OCCUPATION Farmer6. Number of children born to mother including present birth 2

MOTHER.

10. NAME BEFORE MARRIAGE Lillie May Crow11. PRESENT POSTOFFICE OF MOTHER Charlottesville12. COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 23 (Years)14. BIRTHPLACE Charlottesville Co.15. OCCUPATION Domestic16. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

17. I hereby certify that I attended the birth of this child, who was born at H. A. M. on the date above stated. (Born alive or stillborn. (Hour, M., or P. M.))(18) (Signature) C. D. Hanna(19) State whether Physician or Midwife (20) Address of Physician or Midwife Charlottesville

Give name added from a supplemental report

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

(22) Filed June 26, 1922 (23) C. D. Hanna 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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NOTICE: REMEMBER FOR BINDING. WHITE PLAINS, N. Y. 10110. THIS FORM IS A PERMANENT RECORD. IT IS NOT TO BE DESTROYED. IT IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR. NO. 1. THIS OFFICE, NO. 2, ETC., IN QUESTION 6. MORGAN OF COLUMBIA, COLUMBIA, S. C.