

(1) PLACE OF BIRTH

County of ColletonTownship of Wm. B.or
Inc. Town of.....or
City of.....

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFILE - 16-11-11-11-11
35512Registration District No. 14.0.9 Registered No. 1.3.6.

(For use of Local Registrar)

(No. Clara E. Sorensen Infirmary Ward)(2) Full Name of Child Edward Wallace Crosby (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD	(4) Type or of Birth	(5) Number in order of birth	(6) Age at birth	(7) DATE OF BIRTH
Boy	To be entered only in case of Twin or Triple	1	yes	Sept. 27, 1923

FATHER.

(8) FULL
NAME Clifford Kline Crosby(9) PRESENT
RESIDENCE
OF FATHER Wakarusa(10) COLOR
OR
RACE White (11) AGE AT LAST
BIRTHDAY 23(12) BIRTHPLACE Wakarusa(13) OCCUPATION Postmaster(14) Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE Addie Lou Jones(15) PRESENT
RESIDENCE
OF MOTHER Wakarusa(16) COLOR
OR
RACE White (17) AGE AT LAST
BIRTHDAY 23(18) BIRTHPLACE Wakarusa(19) OCCUPATION Domestic(20) 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... at 5 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Clara E. Sorensen M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mother)(27) Yes (28) No*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.