

(1) PLACE OF BIRTH

County of OconeeTownship of WintervilleInc. Town of Winterville

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar

4771

Registration District No. 3.5.5. Registered No. 21

(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 Charles Walter Crain If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Boy (4) Twin or Triplet # (5) Number in order of birth 1 (6) Age at birth yes (7) DATE OF BIRTH 24 10 28
(Name of Month) (Day) (Year)FATHER
(8) FULL NAME Jasper Henry Crain
(9) PRESENT RESIDENCE OF FATHER Winterville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(12) BIRTHPLACE Oconee County S.C.
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 9MOTHER
(14) NAME BEFORE MARRIAGE Annie Frances
(15) PRESENT RESIDENCE OF MOTHER Winterville S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(18) BIRTHPLACE Habersham County Ga.
(19) OCCUPATION House Keeping
(20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Male at 10 P.M. on the date above stated. (Be alive or stillborn) (Hour in A.M. or P.M.)(23) (Signature) Duncan Hugh Anderson(24) State whether physician or midwife Midwife (25) Signature of Physician or Midwife Winterville

Given name added from a supplemental report

(26) Witness Feb 19 28 (Signature of Witness necessary only when question 22 is signed by child)(27) Local Registrar John H. Hader

When there was no attending physician or midwife, then the father, household, 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.