

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Lexington
 Township of North
 or
 Inc. Town of North
 or
 City of North

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7712

Registration District No. 3107

Registered No. 15
 (For use of Local Registrar)

(No. 15 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hallie M. Crook If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) <u>May</u> (Day) <u>15</u> (Year) <u>1923</u>
FATHER.			MOTHER.	
(9) FULL NAME <u>Hallie M. Crook</u>			(14) NAME BEFORE MARRIAGE <u>None</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>North</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>None</u>	
(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY (Year) <u>23</u>	(17) AGE AT LAST BIRTHDAY (Year) <u>23</u>		
(12) BIRTHPLACE <u>North</u>	(18) BIRTHPLACE <u>North</u>			
(13) OCCUPATION <u>None</u>			(19) OCCUPATION <u>None</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.
 on the date above stated. (Born alive or stillborn) (Hour 1 M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife North

Given name added from a supplemental report

Gennie S. Crook

June 14 1923
Registrar

(26) Witness

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

(27) Filed

19

(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.

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