

(1) PLACE OF BIRTH

County of LexingtonTownship of Congreeor
Inc. Town ofor
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 Health

File No.—For State Registrar Only

39266

Registration District No. 3105 Registered No. 124
(For use of Local Registrar)(2) Full Name of Child Wilman Earl Craps (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 14 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dolbert E. Craps(9) PRESENT POSTOFFICE OF FATHER W Brootland(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE Deaseville SC(13) OCCUPATION Public Work(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mar D. Bruboy(15) PRESENT POSTOFFICE OF MOTHER W Brootland(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE W Brootland SC(19) OCCUPATION house wife(21) 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 alive at 12 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Francis Ungner
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife W Brootland

Given name added from a supplemental report

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

(27) Filed 11/28/22 (28) J. P. Lybrand 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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