

(1) PLACE OF BIRTH
 County of Hampton
 Township of proples
 or
 Inc. Town of

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

File No. For State Registrar Only
85993

Registration District No. W. 07 Registered No. 239
 (For use of Local Registrar)

(2) Full Name of Child Leona Crews

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 26, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Dave Crews
 (9) PRESENT POSTOFFICE OF FATHER Varnville
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Ridgely, S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth two

MOTHER.
 (14) NAME BEFORE MARRIAGE Ella Crews
 (15) PRESENT POSTOFFICE OF MOTHER Varnville, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE McPherson, S.C.
 (19) OCCUPATION House Keeping
 (21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Grace L. DeShazo
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness Mrs. Hattie Crews
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Nov 9 1916 (28) H. W. Rogers 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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