

## (1) PLACE OF BIRTH

County of HamptonTownship of proplosor  
Inc. Town of .....

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

85993

Registration District No. 24.07Registered 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? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct. 26, 1916</u>
Take answered only in event 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 (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 (Years) 24(18) BIRTHPLACE Mc. Pherson, 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.