

(1) PLACE OF BIRTH

County of Lancaster, S.C.
 Township of Crenshaw,
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

26825

Registration District No. 2804Registered No. 129
(For use of Local Registrar)

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

(2) Full Name of Child

Crenshaw,

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

3) BOY OR GIRL girl. 4) Twin or Triplet? To be answered only in event of Twins or Triplets 5) Number in order of birth yes. 6) Are Parents Married? yes. 7) DATE OF BIRTH 5/13/22.
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME James H. Crenshaw,9) PRESENT POSTOFFICE OF FATHER Van Wyck, S.C.10) COLOR hite. 11) AGE AT LAST BIRTHDAY 20.
(Years)12) BIRTHPLACE York Co., S.C.13) OCCUPATION Farmer.20) Number of children born to mother, including present birth One.

MOTHER.

14) NAME BEFORE MARRIAGE Pauline Walters.15) PRESENT POSTOFFICE OF MOTHER Van Wyck, S.C.16) COLOR White. 17) AGE AT LAST BIRTHDAY 24
(Years)18) BIRTHPLACE Lancaster Co., S.C.19) OCCUPATION Housewife.21) Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive. At 3 A. at M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature](24) State whether Physician or Midwife. Physician, (25) Address of Physician or Midwife Lancaster, S.C.

Given name added from a supplemental report

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

(27) Filed July 17, 1922 (28) [Signature] 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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REGISTRY OF COLUMBIA, COLUMBIA, S. C.
 IN CASE OF TWINS OR TRIPLETS, ANSWER QUESTION 4 IN QUESTION 3
 THIS IS BORN NO 1 THE OTHER NO 2