

(1) PLACE OF BIRTH

County of ColletonTownship of Brook

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

Registration District No. 1403 Registered No. 58
(For use of Local Registrar)

File No. — For State Registrar Only

29758

(2) Full Name of Child Annie Crosby

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

1

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Sept 18 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Crosby

(9) PRESENT POSTOFFICE OF FATHER

Islandton S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

24
(Year)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Barrening

(14) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Crosby

(15) PRESENT POSTOFFICE OF MOTHER

Islandton S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

19
(Year)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

House wife

(20) 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 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

L. E. Inabett

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Islandton 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

Oct 1 1922

(28)

Mrs. S. W. Godley
Local Registrar19
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.