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U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Anderson

Township of.....

or

Inc. Town of.....

City of Anderson, S.C. (No. 34 Summit 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 James Earl DeCroy3. Boy or Girl Boy 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature Yes 7. Are Parents Married? Yes 8. Date of birth Dec 12th 1916 (Month, day, year)9. Full name William Gray DeCroy FATHER10. Residence (mailing address) Anderson, S.C. (If non-resident, give place and State)11. Color of White 12. Age at last birthday 26 (years)13. Birthplace (city or place) Wadswell, Pa. (State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. State Operator15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. None

16. Date (month and year) last engaged in this work..... 17. Total time (years)..... spent in this work.....

18. Name before marriage May Berice MOTHER19. Residence (mailing address) Anderson, S.C. (If non-resident, give place and State)20. Color or race White 21. Age at last birthday 21 (years)22. Birthplace (city or place) Shesapeake, S.C. (State or country)23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House wife24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None

25. Date (month and year) last engaged in this work..... 26. Total time (years)..... spent in this work.....

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead None (c) Stillborn None

28. If stillborn, period of gestation..... months..... weeks..... 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 a. m. on the date above stated (Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at 3 a. M. on above date Del. Bonnier Co. (Name of Prophylactic)Cleft Palate None Hare Lip None Other Deformities None (Specify)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Given name added from a supplementary report..... (Date of).....

(Signed) W. B. DeCroy, M. D.

or..... Midwife

Address Anderson, S.C.Filed 11/4/16, 19 16 M. B. Woodward, M.D. Local Registrar

State Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
(See instructions on Back of Certificate.)

FILE No.—For State Registrar Only

00234