

Form No. 1

(1) PLACE OF BIRTH

County of BerkeleyTownship of St. Stephensor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Samuel Cornell Croker(3) BOY OR GIRL? B (4) Twin or Triplet? To be answered only in event of Twin or Triplets (5) Number in order of birth: 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 2, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Croker(9) PRESENT POSTOFFICE OF FATHER St. Stephens(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE St. Stephens(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Jennie C. Croker(15) PRESENT POSTOFFICE OF MOTHER St. Stephens(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE St. Stephens(19) OCCUPATION Housewife(21) 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 born alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ellen Greenman(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Stephens

Given name added from a supplemental report

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

(27) Filed Dec 5 1922 (28) M. A. Floyd 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MADE IN COLUMBIA, COLUMBIA, S. C.

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

File No.—For State Registrar Only

41089

Registration District No. 705 Registered No. 132
(For use of Local Registrar)

(No. St.; Ward)