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| (1) PLACE OF BIRTH County of <u>Charleston</u> Township of <u>James Island</u> 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 <div style="border: 2px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">27545</div> | |
| (2) Full Name of Child <u>Elizabeth Cromwell</u> | | Registration District No. <u>9.04.</u> Registered No. <u>7.0</u> (For use of Local Registrar) | | If child is not yet named, make supplemental report as directed | |
| (3) BOY OR GIRL? <u>G.</u> | (4) Twin or Triplet? To be answered only in event of Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married? <u>No</u> | (7) DATE OF BIRTH <u>Sept 7</u> 19 <u>23</u> (Name of Month) (Day) (Year) | (8) Ward |
| FATHER. | | | MOTHER. | | |
| (9) FULL NAME <u>Alfred Cromwell</u> | | | (10) NAME BEFORE MARRIAGE <u>Victoria Gardner</u> | | |
| (11) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u> | | | (12) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u> | | |
| (13) COLOR OR RACE <u>W</u> | | | (14) COLOR OR RACE <u>W</u> | | |
| (15) AGE AT LAST BIRTHDAY <u>31</u> (Years) | | | (16) AGE AT LAST BIRTHDAY <u>18</u> (Years) | | |
| (17) BIRTHPLACE <u>James Island</u> | | | (18) BIRTHPLACE <u>James Island</u> | | |
| (19) OCCUPATION <u>Farmer</u> | | | (20) OCCUPATION <u>Field hand</u> | | |
| (21) Number of children born to mother, including present birth <u>1</u> | | | (22) Number of children of this mother now living, including present birth <u>1</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | | | |
| (23) I hereby certify that I attended the birth of this child, who was _____ at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (24) (Signature) _____ (25) State whether Physician or Midwife _____ (26) Address of Physician or Midwife _____ | | | | | |
| (Given name added from a supplemental report) | | | (27) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark) | | |
| _____ 19____ Registrar | | | (28) Filed <u>Sept 15 1923</u> <u>Edw. Seabrook</u> 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. | | | | | |