

Form No. 1

## (1) PLACE OF BIRTH

County of Marble  
 Township of Red Hill  
 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  
**31354**

Registration District No. 3307 Registered No. 33  
 (For use of Local Registrar)

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

3) BOY OR GIRL girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH Sept 6, 1922  
 (If child is not yet named, make supplemental report as directed)  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Alex Crowley  
 9) PRESENT POSTOFFICE OF FATHER Blenheim So  
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 47  
 12) BIRTHPLACE Marble  
 13) OCCUPATION Farming  
 20) Number of children born to mother, including present birth 6

## MOTHER.

14) NAME BEFORE MARRIAGE Lilly  
 15) PRESENT POSTOFFICE OF MOTHER Blenheim So  
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 25  
 18) BIRTHPLACE Marble  
 19) OCCUPATION Housewife  
 21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Julia Thomas  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blenheim So

Given name added from a supplemental report

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

(27) Filed Oct 18, 1922 (28) H. H. Evans 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.