

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield
 Township of #1
 or
 Inc. Town of Leeds
 or
 City of Leeds

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

30050

Registration District No. 1900 Registered No. 59
 (For use of Local Registrar)

City of Leeds (No. 59 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child No Name (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth No (6) Are Parents Married? No (7) DATE OF BIRTH April 26 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dennis Crosby
 (9) PRESENT POSTOFFICE OF FATHER Leeds S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 45
 (Years)
 (12) BIRTHPLACE Leeds S.C.
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Halsey
 (15) PRESENT POSTOFFICE OF MOTHER Leeds S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32
 (Years)
 (18) BIRTHPLACE Leeds S.C.
 (19) OCCUPATION Farm Laborer
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza Halsey
 (24) State whether Physician or Midwife Midwife (25) Address of Physic. or Midwife Leeds S.C.

Given name added from a supplemental report

(26) Witness Mrs. W. L. Bonhauer
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 16 1922 (28) Mrs. C. W. Fawcett
 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.

USE SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, and OTHER, No. 2, etc., in question 5.