

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

March 5, 1922

(Name of Month) (Day) (Year)

Registered No. 44

(For use of Local Registrar)

St. Ward

If child is not yet named, make supplemental report as directed

FATHER.

(8) FULL NAME

Ben. H. Crook

(9) PRESENT POSTOFFICE OF FATHER

Liberty, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27

(12) BIRTHPLACE

Oconee Co., S.C.

(13) OCCUPATION

Cotton Mill

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Janie Patterson

(15) PRESENT POSTOFFICE OF MOTHER

Liberty, S.C.

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

25

(18) BIRTHPLACE

Anderson Co., S.C.

(19) OCCUPATION

Domestic

(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 born alive at 1:30 a.m. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Gastonia, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is filed by mark)

(27) Place

Mar. 11, 1922

(28) Local Registrar

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