

(1) PLACE OF BIRTH

County of

Township of

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

101

Registration District No. 2174 Registered No. 3

(For use of Local Registrar)

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

(2) Full Name of Child William James Criswell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

W. J. Criswell

(14) NAME BEFORE MARRIAGE

Helen M. Donnell

(9) PRESENT POSTOFFICE OF FATHER

Langley S C

(15) PRESENT POSTOFFICE OF MOTHER

Langley S C

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24

(12) BIRTHPLACE

Langley S C

(18) BIRTHPLACE

Langley S C

(13) OCCUPATION

Farmer

(19) OCCUPATION

House Wife

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

Nine

(21) Number of children of this mother now living, including present birth

8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Jan 31 1923

(28) L. V. Spradley

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.

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