

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of
 or
 City of

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

No. 11-For this register
38114

Registration District No. 4405

Registered No. 133
 (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

Burnice Crowder

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of mother at birth 23 (7) DATE OF BIRTH Nov 23 28
 To be covered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Ann Crowder (14) NAME BEFORE MARRIAGE Edith Crowder
 (9) PRESENT POSTOFFICE OF FATHER York St R 7 (15) PRESENT POSTOFFICE OF MOTHER York St R 7
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
 (12) BIRTHPLACE SC (18) BIRTHPLACE SC

(19) OCCUPATION Farmer (20) OCCUPATION Farmer
 (21) Number of children born to mother, including present birth 5 (22) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive, on the date above stated. (24) State whether Physician or Midwife Physician

(25) (Signature) [Signature] (26) Address of Phys. or Midwife York St

Give name added from a supplemental report

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

(28) Filed Nov 28 1943 (29) Paul Aaron 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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