

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Form No. 1

(1) PLACE OF BIRTH

County of Laurens  
Township of Boile  
OF  
Inc. Town of Gray Court  
OR  
City of Gray Court  
(If birth occurs in a hospital or other institution give name of same instead of street and number)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35227

Registered No. ....  
(For use of Local Registrar)

(2) Full Name of Child Emmott Crowder

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

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth — (6) Are Parents Married yes (7) DATE July 18, 1901  
To be answered only in event of Twin or Triplet  
BIRTH (Name of Month) (Day) (Year)

FATHER. MOTHER.  
(8) FULL NAME C. H. Crowder (14) NAME BEFORE MARRIAGE Annie Belle Douglas  
(9) PRESENT POSTOFFICE OF FATHER Gray Court SC (15) PRESENT POSTOFFICE OF MOTHER Gray Court SC  
(10) COLOR OR RACE white (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (18) AGE AT LAST BIRTHDAY 37  
(12) BIRTHPLACE Laurens Co (19) BIRTHPLACE Laurens Co  
(13) OCCUPATION Farmer (20) OCCUPATION Housewife  
(21) Number of children born to mother, including present birth 7 (22) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Alice at 10 a.m. on the date above stated. (Hour A. M. or P. M.)

(24) (Signature) W. J. Face (25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Gray Court SC

Given name added from a supplemental report

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

(28) Filed (29) 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 sixth month of pregnancy.