

MAINTAINED 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 6.

REC'D REGISTRAR, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 2784	
County of <u>York</u> Township of <u>York</u> or Inc. Town of _____ or City of _____		Registration District No. <u>4458</u>		Registered No. <u>6</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. _____ St.; _____ Ward)			
(2) Full Name of Child <u>Jessie Nellie Crump</u>				(If child is not yet named, make supplemental report as directed)	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 7 1922</u> (Name of Month) (Day) (Year)	
To be answered only in event of Twins or Triplets					
FATHER. (8) FULL NAME <u>Jessie Crump</u> (9) PRESENT POSTOFFICE OF FATHER <u>Sharon S. C.</u> (10) COLOR OR RACE <u>negro</u> (11) AGE AT LAST BIRTHDAY <u>18</u> (Years) (12) BIRTHPLACE <u>Spades Co.</u> (13) OCCUPATION <u>Farmer</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Sylvia Hatcher</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Sharon S. C.</u> (16) COLOR OR RACE <u>negro</u> (17) AGE AT LAST BIRTHDAY <u>22</u> (Years) (18) BIRTHPLACE <u>York Co.</u> (19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>York Co.</u> on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)					
(23) (Signature) <u>Jessie Hodge</u>					
(24) State whether Physician or Midwife <u>midwife</u> (25) Address of Physician or Midwife <u>York Co. S. C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
(27) Filed <u>Jan 7 1922</u> (28) <u>Jessie H. Hodge</u> 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.					