

County of Thurston
City of Wahkiakum

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

File No.—for State Register Only
14620

or
Town of Registration District No. 9201 Registered No.
(For use of Local Registrar)
or
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child If child is not yet named, make supplemental report as directed

| | | | | |
|--|---------------------------------------|--|--|---|
| (1) SEX OF CHILD <u>Boy</u> | (4) Type or Triplet? <u>Single</u> | (3) Number in order of birth <u>1</u> | (6) Age Parents Married <u>4</u> | (7) DATE OF BIRTH <u>Feb 23 23</u> (Name of Month) (Day) (Year) |
| FATHER (11) FULL NAME <u>Wm. Alexander Crutcher</u> | | | MOTHER (14) NAME BEFORE MARRIAGE <u>Eva Ray</u> | |
| (12) PRESENT POSTOFFICE OF FATHER <u>Lucy of S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Lucy of S.C.</u> | |
| (13) COLOR OR RACE <u>White</u> | | | (17) AGE AT LAST BIRTHDAY <u>33</u> (Years) | |
| (18) BIRTHPLACE <u>Wahkiakum Co</u> | | | (19) AGE AT LAST BIRTHDAY <u>27</u> (Years) | |
| (20) OCCUPATION <u>Farming</u> | | | (21) BIRTHPLACE <u>Wahkiakum Co</u> | |
| (22) Number of children born to mother, including present birth <u>6</u> | | | (23) OCCUPATION <u>House wife</u> | |
| (24) Number of children of this mother now living, including present birth <u>6</u> | | | (25) BIRTHPLACE <u>Wahkiakum Co</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(26) (Signature)
(27) State whether Physician or Midwife
Physician
(28) Address of Physician or Midwife
Camden S.C.

(29) Witness
(30) (Signature of Witness necessary only when question 28 is signed by mark)
(31) Registrar
Ray S. H. Y. Y. Y.
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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