

(1) PLACE OF BIRTH

County of Chester
Township of Baton Rouge
or
Inc. Town of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

17121

Registration District No. 11A2 Registered No. 36
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Oscar Winkler (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth no (6) Are Parents Married? no (7) DATE OF BIRTH June 10 1923
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dorsey Crank
(9) PRESENT POSTOFFICE OF FATHER Leeds, #1, S.C.
(10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 38
(12) BIRTHPLACE Chester Co.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Dorsey Crank
(16) PRESENT POSTOFFICE OF MOTHER Leeds, #1, S.C.
(17) COLOR OR RACE col. (18) AGE AT LAST BIRTHDAY 18
(19) BIRTHPLACE Chester Co.
(20) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Peake
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Leeds, #1, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 20 1923 (28) J. A. Connell 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.