

## (1) PLACE OF BIRTH

County of Spartanburg  
Township of 11

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37757

Inc. Town of " Registration District No. 4008 Registered No. 328  
City of Whitney (No. 11 (For use of Local Registrar)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St. 11 Ward 112) Full Name of Child Vigoris Laura McCraw

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

(3) SEX—  
GIRL?(4) Twin  
or Triplet?(5) Number in  
order of birth

to be entered only in case of twins or triplets

(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH Nov 30 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEHoward McCraw(9) PRESENT  
POSTOFFICE  
OF FATHERWhitney, S.C.(10) COLOR  
OR  
RACEW(11) AGE AT LAST  
BIRTHDAY 26  
(Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

McLair(14) Number of children born to  
mother, including present birth1(14) NAME BEFORE  
MARRIAGEEmmie Robinson(15) PRESENT  
POSTOFFICE  
OF MOTHERWhitney S.C.(16) COLOR  
OR  
RACEW(17) AGE AT LAST  
BIRTHDAY 17  
(Years)

(18) BIRTHPLACE

Haywood S.C.

(19) OCCUPATION

at Home(21) Number of children of this mother  
now living, including present birth1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 10 P.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M.R. P. H.(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Phys Spartanburg S.C.(When name added from a supplement-  
al report)

191....

Registrar

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Dec 5 1923(28) Mrs. G. F. Parker

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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