

(1) PLACE OF BIRTH  
County of Charleston  
Township of .....

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

File No.—For State Registrar Only  
**41224**

Inc. TOWN of ..... Registration District No. 9A Registered No. 1864  
City of Charleston S.C. (No. Mercy Maternity Hospital Ward) (For use of Local Registrar)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sula Elizabeth Crier { If child is not yet named, make supplemental report as directed

(3) girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 9 = 34  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME James Mark Crier  
(9) PRESENT POSTOFFICE OF FATHER North Charleston S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)  
(12) BIRTHPLACE Startwell S.C.  
(13) OCCUPATION Radio Electrician  
(14) Number of children born to mother, including present birth { 1 .....

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mrs. Mabel Sineath  
(15) PRESENT POSTOFFICE OF MOTHER North Charleston S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)  
(18) BIRTHPLACE Summerville S.C.  
(19) OCCUPATION Wife  
(20) Number of children of this mother now living, including present birth { 1 .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(21) I hereby certify that I attended the birth of this child, who was alive at 7:25 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(22) (Signature) [Signature]  
(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife 277 Calhoun St

Given name added from a supplemental report  
....., 191.....  
.....  
Registrar

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark) [Signature]  
(26) Filed 12/29/29 (27) Local Registrar [Signature]

\*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.