

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of Anderson

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

No. 38420Registration District No. 3ARegistered No. 457
(For use of Local Registrar)

(2) Full Name of Child

Lucy L. Crayton

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

(3) SEX OF CHILD girl(4) Twin or Triplet
To be answered only in case of Twin or Triplet(5) Number in order of birth 1st(6) Are Parents Married yes(7) DATE OF BIRTH
(Name of Month) (Day) (Year)
Feb 11 1908

FATHER.

(8) FULL NAME Lucy L. Crayton(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY (Year) 25(12) BIRTHPLACE Anderson(13) OCCUPATION housewife(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ma Belle Crayton(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY (Year) 25(18) BIRTHPLACE Anderson(19) OCCUPATION housewife(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 born alive at 7:00 M., on the date above stated. (Hour A. M. or P. M.)(22) (Signature) F. B. Crayton

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

See name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed (27) 19 (28) F. B. CRAYTON, ANDERSON

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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