

PLACE OF BIRTH

County of Charleston
 or
 Township of Charleston
 or
 Inc. Town of Charleston
 or
 City of Charleston

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 90

FILE No.—For State Registrar Only

10322-ARegistered No. 2043
(For use of Local Registrar)(No. Open Hospital St. Ward)

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

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

2. FULL NAME OF CHILD

Eldon Lee Crofts, Jr.

Sex or (M) (F) (If Plural) birth(s) 4. Twin, triplet, or other 6. Premature 7. Are Parents 8. Date of birth April 30, 1922
Male 5. Number, in order of birth Full term Married? Yes (Month, day, year)

FATHER MOTHER
 Full name Mr. Eldon Lee Crofts Full maiden name Helen Crimley
 Residence (usual place of abode) 516 Meeting St. Residence (usual place of abode) 516 Meeting St.
 (If non-resident, give place and State) (If non-resident, give place and State)

1. Color or race W. 12. Age at last birthday 24 (Years) 20. Color or race W. 21. Age at last birthday 25 (Years)
 3. Birthplace (city or place) Niangua, Ark. 22. Birthplace (city or place) Niangua, Ark.
 (State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U. S. Navy 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Domestic
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
 16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 19. 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 19.

27. Number of children of this mother (At time of birth and including this child) \ (a) Born alive and now living \ (b) Born alive but now dead. (c) Stillborn
 28. If stillborn, (months) (weeks) 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on April 30, 1922 on the date above stated.
 (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) J. C. Olesby M. D.By W. H. Hester, State RegistrarAddress CharlestonFiled 7-3 1924 Lambert Registrar

Give name added from

supplemental report

(Date of)

Registrar.