

(1) PLACE OF BIRTH

County of Lexington  
Township of Robert  
or  
Inc. Town of Lexville, S.C. R.D.  
or  
City of Lexville, S.C. R.D.  
(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

File No.—For State Registrar Only  
86519

Registration District No. 9107 Registered No. 93  
(For use of Local Registrar)

(2) Full Name of Child Bertie Walton Craps

St.; ..... Ward)  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 13, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jessie Craps  
(9) PRESENT POSTOFFICE OF FATHER Lexville, R.D.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE Lexington Co.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 2nd

MOTHER.

(14) NAME BEFORE MARRIAGE Bulah Clamp  
(15) PRESENT POSTOFFICE OF MOTHER Lexville, S.C. R.D.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 16 (Years)  
(18) BIRTHPLACE Lexington Co.  
(19) OCCUPATION Farmer's Wife  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M., or P. M.)

(23) (Signature) J. C. Nicholson  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lexville, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Nov 10, 1916 (28) R. O. Shealy 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.