

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA		87530	
Township of <u>Mayesville</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>41.0.2</u>		Registered No. <u>130</u>	
or				(For use of Local Registrar)	
City of		(No. <u>41.0.2</u> St.; Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Mena Miller Crow</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr 5 - 14</u>	
To be answered only in event of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Will Crow Cle</u>			(14) NAME BEFORE MARRIAGE <u>Eliza Sumter</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Mayesville SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Mayesville SC</u>		
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>		
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>saw mill hand</u>			(19) OCCUPATION <u>husk wpe</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>9 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Reannat Benjamin</u>					
(24) State whether Physician or Midwife <u>midwife</u>					
(25) Address of Physician or Midwife <u>Mayesville SC</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Apr 13 1914</u> (28) <u>W. H. Shuman</u> 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.