

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only  
37685

County of York  
Township of Cross Keys

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

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

Registration District No. 400

Registered No. 91  
(For use of Local Registrar)  
St. 1 Ward 1

(2) Full Name of Child None

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

(1) SEX OR COLOR Male  
(4) Twin or Triplet? ☒  
(5) Number in order of birth 1  
(6) Are Parents Married? ☒

(7) DATE OF BIRTH Oct 26 1913  
(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER William Brown

(9) FULL NAME OF MOTHER Fannie Neil

(10) PRESENT POSTOFFICE OF FATHER Cross R 2

(11) PRESENT POSTOFFICE OF MOTHER Cross R 2

(12) COLOR OR RACE White

(13) AGE AT LAST BIRTHDAY 52 (Years)

(14) BIRTHPLACE York County

(15) BIRTHPLACE Union County

(16) OCCUPATION Farming

(17) OCCUPATION Housewife

(18) Number of children born to mother, including present birth 13

(19) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Male on the date above stated.

(Hour A. M. or P. M.) 6 A.

(21) (Signature) Ch. Roseman M.D.

(22) State whether Physician or Midwife Physician

Given name added from a supplemental report  
101  
Registrar

(23) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(24) Filed Nov 18 1913

(25) E. D. Hanna 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.

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