

## (1) PLACE OF BIRTH

County of Florence  
 Township of Namurah  
 or  
 Inc. Town of.....  
 or  
 City of.....

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

File No.—For State Registrar Only

42493

Registration District No. 2016 Registered No. 37  
 (For use of Local Registrar)

(No. .... 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

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

(3) ☒ BOY ☐ GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 15 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Crawford Poston  
 (9) PRESENT POSTOFFICE OF FATHER Blissman S.C.R. 2  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE Blissman S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Smith  
 (15) PRESENT POSTOFFICE OF MOTHER Blissman S.C.R. 2  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)  
 (18) BIRTHPLACE Leo. S.C.  
 (19) OCCUPATION Housework  
 (21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P.M.  
 (Born alive or stillborn) (Hour A.M. or P.M.)  
 on the date above stated.

(23) (Signature) Mrs. W. W. McAlister  
 (24) State whether, Physician or Midwife Midwife (25) Address of Physician or Midwife Blissman 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 Dec 20 1922 (28) W. W. Poston 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.