

Form No. 1

(1) PLACE OF BIRTH

County of SaludaTownship of 5or
Inc. Town of

City of

(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

Registration District No. 2904 Registered No. 10
(For use of Local Registrar)File No. — For State Registrar Only
5150(2) Full Name of Child John S. Cranford If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Febr. 20, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John S. Cranford(9) PRESENT POSTOFFICE OF FATHER Saluda R. 1 S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Saw milling(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annie M. Gott(15) PRESENT POSTOFFICE OF MOTHER Saluda R. 1 S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) J. W. Waters

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report

P. D. Daryl
July 3, 1923
Registrar

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

(27) Filed Mar 7, 1923 at Saluda S.C. 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.

MAKING RETURN FOR BIRTHING. WITH UPON THIS IS A PERMANENT RECORD. WRITE PLAINLY. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. AND MARK THE FIRST-BORN. No. 1. TIME OTHER. No. 2. etc. In question 2.

DEPT. OF COMMERCE, COLUMBIA, S.C.