

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Houma Path

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12024

Inc. Town of ..... Registration District No. 301 ..... Registered No. 31  
 (For use of Local Registrar)  
 City of Belton (No. R. F. D. # 5)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eldridge Ruel Cramer ... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 23 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Eldridge Erskine Cramer

(9) PRESENT POSTOFFICE OF FATHER Belton, S.C. R.F.D. 5

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Banks Co., Ga.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Etta Jane Jones

(15) PRESENT POSTOFFICE OF MOTHER Belton S.C. R.F.D. 5

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Belton, S.C.

(19) OCCUPATION Housewife

(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 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) C. S. Todd, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Belton, 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 Feb. 27 1916. (28) J. P. Cramer 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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FORM NO. 1  
 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 2.