

Form No. 1.

(1) PLACE OF BIRTH

County of Union
Township of Union

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

47574

Inc. Town of Registration District No. 42-A Registered No. 51
(For use of Local Registrar)

City of Union (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 Hazel Winifred Crocker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH 1/8/16
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward W. Crocker

(9) PRESENT POSTOFFICE OF FATHER Union S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 1/2
(Years)

(12) BIRTHPLACE Dorchester

(13) OCCUPATION Mechanics

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Eugenia Pearl Drake

(15) PRESENT POSTOFFICE OF MOTHER Union S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE Union S.C.

(19) OCCUPATION House Wk

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

(23) (Signature) J.H. Montgomery

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Union 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 Jan 10 1916 (28) J.G. Sarratt
Local

*When there was no attending physician or midwife, then the father, householder, etc., should make the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths fifth month of pregnancy.

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.
McChaw of Columbia