

1. PLACE OF BIRTH

County of SumterTownship of Sumter

or

Inc. Town of

or

City of Sumter

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 41-A

FILE 1

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20 20 1

Registered No. 1031
(For use of Local Registrar)

Ward

2. FULL NAME OF CHILD Margaret Croskey
(If birth occurs in hospital or other institution, give name of same instead of street and number)
(If child is not yet named, make supplemental report as directed.)3. Sex or Girl Boy If Plural births 2 4. Twin, triplet, or other 2 5. Number, in order of birth 2 6. Premature Full term 7. Are parents married? Yes 8. Date of birth Sept 21, 1923
(Month, day, year)9. Full name FATHER Harry Croskey 18. Full maiden name MOTHER Mabel10. Residence (usual place of abode) Sumter S.C. (If non-resident, give place and State) 19. Residence (usual place of abode) Sumter S.C. (If non-resident, give place and State)11. Color or race Negro 12. Age at last birthday 27 (Years) 20. Color or race Negro 21. Age at last birthday 23 (Years)13. Birthplace (city or place) S.C. (State or country) 22. Birthplace (city or place) Sumter S.C. (State or country)OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. day labor 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sumter 16. Date (month and year) last engaged in this work Aug 7 17. Total time (years) spent in this work 19 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Sumter 25. Date (month and year) last engaged in this work Aug 7 26. Total time (years) spent in this work 1927. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 028. If stillborn, period of gestation months weeks 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at Sumter m. on the date above stated.
(Born alive or stillborn)

[When there was no attending physician or midwife, then the father, householder, etc., should make this return.]

ive name added from

a supplemental report

(Date of)

Registrar.

(Signed)

X or Negosh Belser M. D. MidwifeAddress Sumter S.C.Filed Aug 7, 1933