

MARGIN RESERVED FOR BINDING. WITH READING, WITH UNFOLDING INDEX—THIS IS A PERMANENT RECORD. IN CASE OF DEATH OR OTHER CAUSE, THIS CARD MUST BE KEPT IN THE FILE, AND NOT DESTROYED. IN CASE OF DEATH OR OTHER CAUSE, THIS CARD MUST BE KEPT IN THE FILE, AND NOT DESTROYED. IN CASE OF DEATH OR OTHER CAUSE, THIS CARD MUST BE KEPT IN THE FILE, AND NOT DESTROYED.

**(1) PLACE OF BIRTH,**  
 County of Lexington  
 Township of Bellmont Station  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. ..... St. ..... Ward .....)  
 (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

File No.—For State Registrar Only  
4917

Registration District No. 3107 Registered No. 14  
 (For use of Local Registrar)

**(2) Full Name of Child** (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 9 1922</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>Rufus Crape</u>		(14) NAME BEFORE MARRIAGE <u>Blanche Grace</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Gilbert, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Gilbert, S.C.</u>		
(10) COLOR OR RACE <u>white</u>		(16) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>		(17) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>Four</u>		(21) Number of children of this mother now living, including present birth <u>Four</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was female 7 at 7 A. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. A. Smith M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gilbert, 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 19 (28) P. D. Shearer  
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.