

## (1) PLACE OF BIRTH

County of Dorchester  
 Township of Nettle  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**8598**

Registration District No. 3502 Registered No. 26  
 (For use of Local Registrar)

St. \_\_\_\_\_ Ward)  
 (No. \_\_\_\_\_)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL by (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? 70 (7) DATE OF BIRTH Jan 7, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Crusher Crenshaw  
 (9) PRESENT POSTOFFICE OF FATHER Salina SC  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32  
 (Year) \_\_\_\_\_  
 (12) BIRTHPLACE Pickens Co SC  
 (13) OCCUPATION farmer  
 (20) Number of children born to mother, including present birth 1 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Isa Alexander  
 (15) PRESENT POSTOFFICE OF MOTHER Salina SC  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29  
 (Year) \_\_\_\_\_  
 (18) BIRTHPLACE Pickens Co SC  
 (19) OCCUPATION house wife  
 (21) Number of children of this mother now living, including present birth 1 6

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

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Hennetta Bowen(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Salina SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed April 5, 1922 (28) Local Registrar James W. Smith

\*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.