

(1) PLACE OF BIRTH

County of

Richland

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

James Lee Crossland

File No.—For State Registrar Only

501

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

38⁹

Registered No.

90

(For use of Local Registrar)

(No. 1603 Live Ketch Road

St. 7 Ward)

If child is not yet named, make supplemental report as directed

(3) SEX OR

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE

BIRTH (Name of Month) (Day) (Year)

(8) FULL NAME

FATHER

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

MOTHER

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) Signature

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Signature

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

*When there was no attending physician or midwife, the mother or other person who should make this return, if a child breathes even once, should make this return. If a child is declared of stillbirths before the

BIRTH-DEATH, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw-Hill of Columbia