

(1) PLACE OF BIRTH

County of MyrtleTownship of Woodsor Inc. Town of WoodsCity of W. Charlotte

(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

4396

Registration District No. 2109ARegistered No. 55

(For use of Local Registrar)

(2) Full Name of Child J.C. Crumpton

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

Jan 10 1922
(Sign of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Eugene Crumpton(9) PRESENT POSTOFFICE OF FATHER W. Charlotte(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 40
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Telephone(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Flornice Jane Clardy(15) PRESENT POSTOFFICE OF MOTHER Same(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 25
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was B. Blue at 11:15 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. J. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife W. Charlotte

Given name added from a supplemental report

(26) Witness W. Charlotte
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 1 1922 (28) W. Charlotte 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.

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