

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Porterburg  
Township of Cross Creek  
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

87455

Registration District No. 4083

Registered No. 109  
(For use of Local Registrar)

(No. .... St.; 109 Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 31, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Jim Cromwell Jr.</u>	(14) NAME BEFORE MARRIAGE <u>Corrie Moody</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Camden S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Camden S.C.</u>			
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)	(16) COLOR OR RACE <u>Black</u>		
(12) BIRTHPLACE <u>Laurens Co.</u>	(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)			
(13) OCCUPATION <u>Day Laborer C. &amp; W. C. P.</u>	(18) BIRTHPLACE <u>Porterburg Co.</u>			
(19) OCCUPATION <u>Domestic</u>			(21) Number of children of this mother now living, including present birth <u>10</u>	
(20) Number of children born to mother, including present birth <u>12</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was White at 10:06 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Nov 12, 1916 (28) C. D. Hanna 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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