

Form No. 1

(1) PLACE OF BIRTH

County of HarleyTownship of Little River

Inc. Town of

City of

(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

7396

Registration District No. ND 7 Registered No. 5
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Frederick Crisette If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy(4) Twin or Triplet? —
To be answered only in event of Twin or Triplet(5) Number in order of birth —(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 18, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Moses Crisette(9) PRESENT POSTOFFICE OF FATHER Wampau S.C.(10) COLOR OR RACE Blk. (11) AGE AT LAST BIRTHDAY 34 (Year)(12) BIRTHPLACE Harley Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Seven

MOTHER.

(14) NAME BEFORE MARRIAGE Betsy Bueamy(15) PRESENT POSTOFFICE OF MOTHER Wampau S.C.(16) COLOR OR RACE Blk. (17) AGE AT LAST BIRTHDAY 32 (Year)(18) BIRTHPLACE Harley Co S.C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emma Jane Crisette(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wampau S.C.

(26) Given name added from a supplemental report

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

(27) Filed Jan 27, 1923 (28) L. E. McCarroll 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.

Bureau of Census, Columbia, S. C. Form No. 1, THE OTHER, No. 2, etc., in question 2