

## (1) PLACE OF BIRTH

County of Flowers  
 Township of Cartersville  
 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

243733

Registration District No. 2007 Registered No. ....  
 (For use of Local Registrar)

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

(2) Full Name of Child Myrtle Cross

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

(3) BOY OR GIRL Girl (4) Twin or Triplet ..... (5) Number in order of birth ..... (6) Sex Female ..... (7) DATE OF BIRTH Oct 2 1922  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Willie Cross  
 (9) PRESENT POSTOFFICE OF FATHER Cartersville, Ga.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31  
 (12) BIRTHPLACE Ga.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 4

MOTHER  
 (14) NAME BEFORE MARRIAGE Annie Loyalty  
 (15) PRESENT POSTOFFICE OF MOTHER Cartersville, Ga.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
 (18) BIRTHPLACE Ga.  
 (19) OCCUPATION House Wkr  
 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 A.M.  
 on the date above stated. (Hour A. M. or P. M.)  
given in by father (23) (Signature) Gary Boykin  
 (24) State whether Physician or Midwife  
 (25) Address of Physn. or Midwife MD Lamon, Ga.  
 (26) Address of Child Willie Cross

Given name added from a supplemental report

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

(27) Filed 11/10 22 (28) MD Lamon  
 Registrar 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.