

R  
Form No. 1.

(1) PLACE OF BIRTH

County of Albemarle

Township of Essex

or  
Inc. Town of

or  
City of Warrenton

(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

71082

Registration District No. 204

Registered No. 48  
(For use of Local Registrar)

2) Full Name of Child Meg Crookman

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

BOY OR GIRL? girl (4) Twin twin or Triplet? (5) Number in order of birth 2  
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug. 27, 1914  
(Name of Month) (Day) (Year)

FATHER

FULL NAME Bert Crookman

PRESENT POSTOFFICE OF FATHER Warrenton R. 710

COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37  
(Years)

BIRTHPLACE Georgia

OCCUPATION junk yard

Number of children born to mother, including present birth 9

MOTHER

(14) NAME BEFORE MARRIAGE Anna Harris

(15) PRESENT POSTOFFICE OF MOTHER R. 710. Warrenton

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34  
(Years)

(18) BIRTHPLACE Georgia

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

2) I hereby certify that I attended the birth of this child, who was alive at 5 o'clock A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Herrietta Rust

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Graniteville S.C.

en name added from a supplemental report

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

(27) Filed Sept 4, 1914 (28) H. H. Ward

Registrar

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.