

(1) PLACE OF BIRTH

County of *Greenville*Township of *Highway*or
Inc. Town of *Fair Fork*

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar

5200

Registration District No. *4098* Registered No. *22*
(For use of Local Registrar)(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child *William H. Crow* If child is not yet named, make supplemental report as directed(3) SEX OF CHILD *Boy* (4) Twin or Triplet ☐ (5) Number in order of birth *1* (6) Are twins identical *yes* (7) DATE OF BIRTH *July 3, 1923*
(Name of Month) (Day) (Year)

| FATHER. | | MOTHER. | |
|--|---|--|--|
| (8) FULL NAME <i>E. C. Crow</i> | (14) NAME BEFORE MARRIAGE <i>Emmie Johnson</i> | (16) PRESENT POSTOFFICE OF FATHER <i>Fair Fork, S.C.</i> | (18) PRESENT POSTOFFICE OF MOTHER <i>Fair Fork, S.C.</i> |
| (10) COLOR OR RACE <i>N</i> | (11) AGE AT LAST BIRTHDAY <i>43</i> | (12) COLOR OR RACE <i>N</i> | (17) AGE AT LAST BIRTHDAY <i>33</i> |
| (13) BIRTHPLACE <i>S.C.</i> | (15) OCCUPATION <i>Farmer</i> | (19) BIRTHPLACE <i>Albion, S.C.</i> | (21) OCCUPATION <i>House-wife</i> |
| (20) Number of children born to mother, including present birth <i>1</i> | (22) Number of children of this mother now living, including present birth <i>1</i> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was *alive* on the date above stated. (Born alive or stillborn) (Hour, M. or P.) *7 a.m.*(24) (Signature) *H. J. Corn, M.D.*
(25) State whether Physician or Midwife (26) Address of Physician or Midwife *Charlottesville, Va.*

Given name added from a supplemental report

June 5, 1923
Registrar

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

(29) Filed *Feb. 4, 1923* (30) *Mrs. C. F. Parker* 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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