

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
42396

County of Florence
Township of Saline

or
Inc. Town of Registration District No. 2009 Registered No. 160
(For use of Local Registrar)

City of (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. Bernice Crosby { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 4 1922
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Harvey Crosby (14) NAME BEFORE MARRIAGE Maudie Crosby
(9) PRESENT POST-OFFICE OF FATHER Lake City S.C. (15) PRESENT POST-OFFICE OF MOTHER Lake City S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27
(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.

(13) OCCUPATION Working on Charing (19) OCCUPATION Labour
(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at Donvaline (Hour A. M. or P. M.) 11 P.M. on the date above stated.

(23) (Signature) J. B. W. Cochrane, M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lake City S.C.

Given name added from a supplemental report

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

(27) Filed 1/12/23 (28) R. L. Carter 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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