

(1) PLACE OF BIRTH

County of GeorgetownTownship of Calhounor
Inc. Town ofor
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

4239

Registration District No. 2105 Registered No. 20
(For use of Local Registrar)

(2) Full Name of Child

Florence Cribb

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb. 25, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Alford A. Cribb

(9) PRESENT POSTOFFICE OF FATHER

Hemingway

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

Georgetown Co.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Florence Cribb

(15) PRESENT POSTOFFICE OF MOTHER

Hemingway S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

Georgetown Co.

(19) OCCUPATION

Housewife

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was, Born alive, at 9 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

A. M. Marsh

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Hemingway 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

Feb. 25, 1922

(28)

J. L. McCracken
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.

REGISTRATION OF BIRTHS.—THIS IS A PERMANENT RECORD. WHITE PLAINS, WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECORD OF BIRTHS, Columbia, S. C.