

FORM NO. 4  
 MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 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.  
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Union

Township of Union

or  
 Inc. Town of .....

or  
 City of Union

(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

87685

Registration District No. 47-A Registered No. 169

(2) Full Name of Child Maud Bell Crosby

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 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 7 1916  
(To be answered only in case of twins or triplets)  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Johnson A. Crosby

(9) PRESENT POSTOFFICE OF FATHER Union St.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Chester Co

(13) OCCUPATION clerk

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bell Crosby

(15) PRESENT POSTOFFICE OF MOTHER Union St.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Chester Co

(19) OCCUPATION Domestic

(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 at Union St. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. N. Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union St.

Given name added from a supplemental report

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

(27) Filed Nov 13 1916 (28) D. G. Garrett 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.