

(1) PLACE OF BIRTH

County of Lexington
 Township of Hollow Creek

CERTIFICATE OF BIRTH

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

File No.—for State Register Only

41571

or
 Inc. Town of Registration District No. 3108 Registered No. 30
 of (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

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

(1) SEX OR GILT <u>Male</u>	(4) Twin or triplet? <u>0</u> <small>To be marked only in case of twinning</small>	(5) Number in order of birth <u>8</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 9 23</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Louise Crapsy</u>		(14) NAME BEFORE MARRIAGE <u>Cora Suggate</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Zenithville S.C. 2</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Zenithville S.C. 2</u>		
(11) COLOR OF RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)	
(13) BIRTHPLACE <u>Lexington Co.</u>		(18) BIRTHPLACE <u>Zenithville S.C.</u>		
(19) OCCUPATION <u>Housekeeping</u>		(19) OCCUPATION <u>Housekeeping</u>		
(20) Number of children born to mother, including present birth <u>8</u>		(21) Number of children of this mother now living, including present birth <u>8</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) A. C. H. H. H.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Zenithville S.C.

(When name added from a supplement-
 tal report)

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

(27) Date Jan 10. 1924 (28) T. H. S. Lull
 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.