

(1) PLACE OF BIRTH

County of Pickens

Township of

or Inc. Town of

or City of Asheley S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number by order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 7, 1922

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

FATHER.

(8) FULL NAME Tom Crow

(9) PRESENT POSTOFFICE OF FATHER Asheley S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION mill hand

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Cornie Hey

(15) PRESENT POSTOFFICE OF MOTHER Asheley S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was Alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. H. Hyatt

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Asheley S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed "no")

(27) Filed ad. 2-19-22 (28) Wm. H. Hyatt 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.