

## (1) PLACE OF BIRTH

County of Trin...  
 Township of Martin  
 or  
 Inc. Town of  
 or  
 City of

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

9902

Registration District No. 309 Registered No. 14  
 (For use of Local Registrar)

St.; Ward

(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) Full Name of Child Baby Cribb

(3) Sex OR GIRL? girl  
 (4) Twin or Triplet?  
 (5) Number in order of birth  
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan 9 1922  
 (Month) (Day) (Year)

## FATHER.

(8) FULL NAME W. W. Cribb  
 (9) PRESENT POSTOFFICE OF FATHER Beltin S. C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)  
 (12) BIRTHPLACE Anderson Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1 six

## MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Mallon  
 (15) PRESENT POSTOFFICE OF MOTHER Beltin S. C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Anderson Co  
 (19) OCCUPATION house wife  
 (21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) J. C. Wilson M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb 20 1922 (28) T. F. Thompson 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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