

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH ENLARGING 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 3  
 Name of Collector, County, S. C.

(1) PLACE OF BIRTH

County of Anderson  
 Township of Frank  
 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  
**3039**

Registration District No. 3.44 Registered No. 19  
 (For use of Local Registrar)

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

(2) Full Name of Child Essie Craft

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

(3) BOY OR GIRL GIRL (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 13, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. B. Craft  
 (9) PRESENT POSTOFFICE OF FATHER Jamills S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39 (Years)  
 (12) BIRTHPLACE G. A.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Farmer  
 (15) PRESENT POSTOFFICE OF MOTHER Jamills S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)  
 (18) BIRTHPLACE G. A.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Jamills S.C. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Jamills S.C.

Given name added from a supplemental report  
 .....  
 .....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Mar. 9, 1924 (28) J. T. Hallaway 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.