

For 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.

(1) PLACE OF BIRTH

County of Anderson

Township of

OR
Inc. Town of

OR
City of Anderson

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

(2) Full Name of Child Robt. Lloyd Crenshaw

File No.—For State Registrar Only
20791

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3A

Registered No. 257
(For use of Local Registrar)

St. Prof. Mill. Ward

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

3. BOY OR GIRL X (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH May 12, 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Wm. R. Crenshaw

9. PRESENT POSTOFFICE OF FATHER Anderson S.C.

10. COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21
(Year)

12. BIRTHPLACE Conce Co. S.C.

13. OCCUPATION mechanic

20. Number of children born to mother, including present birth 2

MOTHER.

14. NAME BEFORE MARRIAGE Annie Reynolds

15. PRESENT POSTOFFICE OF MOTHER Anderson S.C.

16. COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20
(Year)

18. BIRTHPLACE Conce Co. S.C.

19. OCCUPATION House wife

21. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature) J. C. Kears

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

(27) Filed May 16, 1922 (28) J. B. Cranton 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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