

(1) PLACE OF BIRTH

County of Anderson
 Township of Hartsville
 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

13604

Registration District No. 32.5 Registered No. 50
 (For use of Local Registrar)

(2) Full Name of Child Male - Craft (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 18, 1922
 (Month) (Day) (Year)

FATHER

(8) FULL NAME George Craft
 (9) PRESENT POSTOFFICE OF FATHER Summerville S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Mary Craft
 (15) PRESENT POSTOFFICE OF MOTHER Summerville S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 1
 (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 born at 3:15 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Frank Holland
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Summerville S.C.

Given name added from a supplemental report

(26) Witness

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

(19) Registrar

(27) Filed May 25, 1922 (28) J. T. Goldsberry 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.