

Form No 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. For State Registrar Only

43206

County of Hampton

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Pickensor
Inc. Town ofRegistration District No. 702 Registered No. 700
(For use of Local Registrar)

City of

(No. St.; Ward)

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

(2) Full Name of Child Ethel Mamma Crews If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 12 1915
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>Willie Crews</u>	(14) NAME BEFORE MARRIAGE	<u>Sallie Reed</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Wamville SC</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Wamville</u>
(10) COLOR OR RACE	<u>White</u>	(16) COLOR OR RACE	<u>White</u>
(11) AGE AT LAST BIRTHDAY	<u>36</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>36</u> (Years)
(12) BIRTHPLACE	<u>Hampton Co</u>	(18) BIRTHPLACE	<u>Hampton</u>
(13) OCCUPATION	<u>Public work</u>	(19) OCCUPATION	<u>House work</u>
(20) Number of children born to mother, including present birth	<u>7</u>	(21) Number of children of this mother now living, including present birth	<u>7</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9.2 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Kate Davidson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Wamville SC

Given name added from a supplemental report

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

(27) Filed 12/13 1915 (28) J. M. Rogers 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING 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 5.

McCauley, of Columbia.