

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.  
RECEIVED OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Cherokee  
Township of Ashe  
OR  
Inc. Town of.....  
OR  
City of.....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

41507

Registration District No. 1003 Registered No. 146  
(For use of Local Registrar)

(2) Full Name of Child

Geneva Crum

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

-

(5) Number in order of birth

-

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec. 16, 1922

(8) FULL NAME

Philip Crum

(9) PRESENT POSTOFFICE OF FATHER

Gaffney, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

43  
(Years)

(12) BIRTHPLACE

Wortham Co. N.C.

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Bessie Green

(15) PRESENT POSTOFFICE OF MOTHER

Gaffney, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29  
(Years)

(18) BIRTHPLACE

Wortham Co. N.C.

(19) OCCUPATION

Wife

(20) Number of children born to mother, including present birth

7

(21) Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was.....at 6:30 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. V. Carns

(24) State whether Physician or Midwife

(25) Address of Physician

Gaffney, 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

Dec. 20, 1922

(28)

H. A. Butcher

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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