

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
43532

(1) PLACE OF BIRTH
County of Lexington
Township of Ballantyne
or
Inc. Town of
or
City of

Registration District No. 3107

Registered No. 103
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St. Ward)

(2) Full Name of Child Ogelia Crant { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 2 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER. <u>H. O. L. M. A. N.</u>	
(8) FULL NAME <u>Andrew Crant</u>			(14) NAME BEFORE MARRIAGE <u>Lizzie Hallman</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Libert SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Libert, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(18) COLOR OR RACE <u>White</u>	
(13) OCCUPATION <u>Farmer</u>			(19) BIRTHPLACE <u>SC</u>	
(20) Number of children born to mother, including present birth <u>10</u>			(21) OCCUPATION <u>Domestic</u>	
(22) Number of children of this mother now living, including present birth <u>10</u>			(23) Number of children of this mother now living, including present birth <u>10</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour, A. M. or P. M.)
on the date above stated.
affid-12.5.50 (23) (Signature) G. P. Smith M.D.
State whether Physician or Midwife (24) Address of Physician or Midwife
Libert, S.C.

Given name added from a supplemental report
(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed 1-10-23 (27) Local Registrar
R. O. Smith

*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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