

PLACE OF BIRTH

County of NewberryTownship of 2

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

31386

Registration District No. 74 Registered No. 40
(For use of Local Registrar)

City of

Full Name of Child Mabelle M. Crackin If child is not yet named, make supplemental report as directed(4) Twin or Triplet? girl (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 9 1922
(Name of Month) (Day) (Year)

FATHER.

(8) NAME BEFORE MARRIAGE Chris McCrackin(9) PRESENT POSTOFFICE OF MOTHER Newberry S.C.(10) AGE AT LAST BIRTHDAY 28 (Years)(11) BIRTHPLACE Newberry Co.(12) OCCUPATION Farmer(13) Number of children born to mother including present birth 2nd

MOTHER.

(14) NAME BEFORE MARRIAGE Kate Mathis(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Newberry Co.(19) OCCUPATION Farm Keeper(20) Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) 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.)(23) (Signature) Georgina Worth(24) State whether Physician or Midwife (25) Address of Physician or Midwife mid wife Newberry S.C.

When name added from a supplemental report

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Registrar

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

(27) Filed Sept 1922 (28) George S. Ruff 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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