

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75211

(1) PLACE OF BIRTH

County of YorkTownship of Bethesdaor
Inc. Town ofor
City of

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

Registration District No. 4401 Registered No. 208

(For use of Local Registrar)

(2) Full Name of Child Mauda Jane Crockett

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>Aug 30</u>
				(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Herb Crockett</u>	(14) NAME BEFORE MARRIAGE <u>Jessie Crockett</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Mc Connellsville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mc Connellsville</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>about 45</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>about 40</u>
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House & field labor</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) 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 alive, at 10.30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Ann Brown(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mc Connellsville, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness J. B. Bratton
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 31 1916. (28) S. H. Love 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.

MARGIN RESERVED FOR BINDING.

WRITE FULLY, 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.

McCaw, of Columbia.