CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
24087

(1) PLACE OF BIRTH
County of Colleton
Township of Bells
or
Inc. Town of .....
or
City of .....

Registration District No. ..... Registered No. 1401 .....
(For use of Local Registrar)

(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 Bobby Crosby — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy | (4) Twin or Triplet? — | (5) Number in order of birth 2 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Aug 12 1923 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Henry Crosby	(14) NAME BEFORE MARRIAGE	Mary Robinson
(9) PRESENT POSTOFFICE OF FATHER	Stoke	(15) PRESENT POSTOFFICE OF MOTHER	Stoke
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	36	(17) AGE AT LAST BIRTHDAY (Years)	24
(12) BIRTHPLACE	Colleton	(18) BIRTHPLACE	Colleton
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	2	(21) Number of children of this mother now living, including present birth	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [signature]
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report
J. W. Crosby
..... 1923
Registrar

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

(27) Filed ..... 19 .... (28) ..... 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.