

(1) PLACE OF BIRTH

County of blarendon
 Township of Sandy Grove
 or
 Inc. Town of

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

File No. — For State Registrar Only
17289

Registration District No. 1 S. 16 Registered No. 18
 (For use of Local Registrar)

City of (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 Mary Crosby

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 2 (6) Are Parents Married? yes (7) DATE OF BIRTH June 9, 1923
 To be answered only in event of Twin or Triplet (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Cesar Crosby
 (9) PRESENT POSTOFFICE OF FATHER Lake City S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Year)
 (12) BIRTHPLACE Williamsburg Co.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl McFadden
 (15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Year)
 (18) BIRTHPLACE blarendon Co.
 (19) OCCUPATION Housewife
 (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 alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Randis Baker

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Lake City S.C.

Given name added from a supplemental report

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

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 Registrar

(27) Filed June 9, 1923 (28) E. H. McFadden
 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.