

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 8.

(1) PLACE OF BIRTH
County of Newberry
Township of No. 11
or
Inc. Town of Pomaria
or
City of (No.)
(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
49955

Registration District No. 3408 Registered No. 8
(For use of Local Registrar)

(2) Full Name of Child James Homer Crooks
If child is not yet named, make supplemental report as directed

(3) BOY OR	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
<u></u>	<u></u>	<u></u>	<u>yes</u>	<u>Feb. 22, 1916</u>
FATHER.				MOTHER.
(8) FULL NAME <u>James Crooks</u>				(14) NAME BEFORE MARRIAGE <u>unknown</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Pomaria N.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Pomaria N.C.</u>
(10) COLOR OR RACE <u>Black</u>				(16) COLOR OR RACE <u>Black</u>
(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)				(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>Newberry</u>				(18) BIRTHPLACE <u>Newberry Co.</u>
(13) OCCUPATION <u>Farmer</u>				(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1. Unknown</u>				(21) Number of children of this mother now living, including present birth <u>unknown</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Dr. H. L. Smith
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Pomaria S.C.

Given name added from a supplemental report
James 1916
W. H. Miller
Registrar

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

(27) Filed Feb. 28, 1916 (28) R. J. Johnson
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.

Registrar I Local Registrar U. H.

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