

(1) PLACE OF BIRTH

County of

Township of

City of

City of

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

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1106

File No. - For State Registrar

39388

Registered No. 121
(For use of Local Registrar)

a SEX OF CHILD

Boy

(4) Type of Triplet

1

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Jan 5 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Crockett

(9) PRESENT POSTOFFICE OF FATHER

Lando S C

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

28

(12) BIRTHPLACE

Lando S C

(13) OCCUPATION

Farming

(14) Number of children born to mother, including present birth

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Ada Dunlap

(15) PRESENT POSTOFFICE OF MOTHER

Lando S C

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

28

(18) BIRTHPLACE

Lando S C

(19) OCCUPATION

Farming

(20) Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was... at 11 P.M., on the date above stated. (Born alive or stillborn) (23) (Signature) Lando S C (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lando S C

Give name added from a supplemental report

(26) Witness

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

(27) Filed

12/18 1923

(28)

G. Haller 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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