CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3649

(1) PLACE OF BIRTH
County of Chesterfield
Township of .....
or
Inc. Town of Cheraw
or
City of .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 12A Registered No. 7
(For use of Local Registrar)

(No. ..... St. ..... Ward)

(2) Full Name of Child. Coll Hudley

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			No	Feb. 9, 1927
	Take answers only in case of Twins or Triplets			(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME: Bill Crumpton
(9) PRESENT POSTOFFICE OF FATHER: Cheraw S.C.
(10) COLOR OR RACE: Colored
(11) AGE AT LAST BIRTHDAY: 18 (Years)
(12) BIRTHPLACE: Chesterfield Co. S.C.
(13) OCCUPATION: Laborer Saw Mill
(20) Number of children born to mother, including present birth: 1

MOTHER

(14) NAME BEFORE MARRIAGE: Grace Hudley
(15) PRESENT POSTOFFICE OF MOTHER: Cheraw S.C.
(16) COLOR OR RACE: Colored
(17) AGE AT LAST BIRTHDAY: 17 (Years)
(18) BIRTHPLACE: Chesterfield Co. S.C.
(19) OCCUPATION: House-service
(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.
(Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Dr. Dubose Sanders
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Cheraw S.C.

Given name added from a supplemental report
....., 191....
Registrar

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

(27) Filed Feb 13 1927 (28) C. E. Bull
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.

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.
*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.