

## (1) PLACE OF BIRTH

County of FairfieldTownship of SheltonInc. Town of SheltonCity of Shelton

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3727

Registration District No. 1900Registered No. 6

(For use of Local Registrar)

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

(2) Full Name of Child Mary Rebecca Crowder

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

3) BOY OR GIRL Girl 4) Twin or Triplet No 5) Number in order of birth 1st 6) Are Parents Married? Yes 7) DATE OF BIRTH Feb 7 1923  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME B. Frank Crowder9) PRESENT POSTOFFICE OF FATHER Shelton, S. C.10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 48  
(Year)12) BIRTHPLACE Fairfield Co.13) OCCUPATION Farmer20) Number of children born to mother, including present birth 1

## MOTHER.

14) NAME BEFORE MARRIAGE Julia A. Dean15) PRESENT POSTOFFICE OF MOTHER Shelton, S. C.16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 34  
(Year)18) BIRTHPLACE Fairfield Co.19) OCCUPATION Housewife21) 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 12:15 P.M. on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)(23) (Signature) B. A. McArthur(24) State whether Physician or Midwife Physician(25) Address of Phys. or Midwife Shelton, S. C.

(Given name added from a supplemental report)

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

(27) Filed Feb 15 1923 (28) Mrs. C. W. Fawcett 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.