

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.

(1) PLACE OF BIRTH

County of Chesh
Township of Lawrenceville
or
Inc. Town of Lawrenceville
or
City of Lawrenceville

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18116

Registration District No. 1106 Registered No. 67
(For use of Local Registrar)

(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

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>May 15 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Charlie Crosby</u>			14) NAME BEFORE MARRIAGE <u>Della Williams</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Lawrenceville S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Lawrenceville S.C.</u>	
10) COLOR OR RACE <u>White</u>			16) COLOR OR RACE <u>White</u>	
11) AGE AT LAST BIRTHDAY <u>38</u> (Years)			17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
12) BIRTHPLACE <u>N.C.</u>			18) BIRTHPLACE <u>N.C.</u>	
13) OCCUPATION <u>Mill Owner</u>			19) OCCUPATION <u>Domestic</u>	
20) Number of children born to mother, including present birth <u>1</u>			21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) C. H. Harrison
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Lawrenceville S.C.

Given name added from a supplemental report
1
19 22
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 6-17 19 22 (28) J. H. Allen 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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