

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

(1) PLACE OF BIRTH

County of Lancaster
 Township of Hall Creek
 OR
 Inc. Town of
 OF
 City of (No. St.; Ward)
 (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
35131

Registration District No. 2804 Registered No. 167
 (For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 4 1921
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ezra Crumshaw
 (9) PRESENT POSTOFFICE OF FATHER Lancaster CO
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Lancaster SC
 (13) OCCUPATION Textile
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Starks
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster SC
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Lancaster SC
 (19) OCCUPATION domestic
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated.
 (Born alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lancaster SC

Given name added from a supplemental report

 19 ..
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 10-5 19 22 (28) [Signature] 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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