

## (1) PLACE OF BIRTH

County of Chester

Township of .....

or  
Inc. Town of .....City of Chester

(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

27652

Registration District No. 11A Registered No. 86

(For use of Local Registrar)

(2) Full Name of Child William Hyppita Crenshaw

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

(3) BOY OR GIRL? Bo

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 19 1912  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Baxter Crenshaw(9) PRESENT POSTOFFICE OF FATHER Chester, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26  
(Years)(12) BIRTHPLACE Lancaster Co -(13) OCCUPATION mill work(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Jennie Grant(15) PRESENT POSTOFFICE OF MOTHER Chester, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18  
(Years)(18) BIRTHPLACE Chester Co -(19) OCCUPATION domestic(20) 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 alive at 5:40 M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Chester, S.C.

Given name added from a supplemental report

(26) Witness [Signature]

Signature of Witness necessary when question 23 is signed by mother

(27) Filed Sept 24 1912 (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.

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.