

## (1) PLACE OF BIRTH

County of Beaufort

Township of .....

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 400

No. — For State Registrar Use

34896Registered No. 156  
(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 Lemuel K. Crump If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Boy (4) Type or Triple 400 (5) DATE OF BIRTH Nov 5 1923  
(Name of Month) (Day) (Year)(6) FULL NAME Gewis K. Crump (7) NAME BEFORE MARRIAGE Martha Zorn

(8) PRESENT POSTOFFICE OF FATHER (9) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 26 (12) COLOR OR RACE Col (13) AGE AT LAST BIRTHDAY 28  
(Year) (Year)

(14) BIRTHPLACE (15) BIRTHPLACE

(16) OCCUPATION (17) OCCUPATION

(18) Number of children born to mother, including present birth 5 (19) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was ..... at 3 A. M.  
on the date above stated. (Born alive or stillborn) (For A. M. or P. M.)(21) (Signature) Margaret J. Peter (22) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name added from a supplemental report

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

(25) Filed 12/1/23 (26) John C. Crump 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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MAKING RESERVED FOR BIDDING. WRITE PLAINLY. WITH UNFOLDING LINE—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

Bureau of Columbia, Columbia, S. C.