

UNITED STATES DEPARTMENT OF COMMERCE, BUREAU OF CENSUS, FORM NO. 1, 1910. THIS IS A PERMANENT RECORD. IN CASE OF DEATH, THIS IS 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 Colleton
Township of W. W. W.
or
Inc. Town of W. W. W.
or
City of W. W. W.

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

(2) Full Name of Child Elizabeth Augusta Crosby

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 9
To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes (7) DATE OF BIRTH Feb 5 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Horsh Crosby
(9) PRESENT POSTOFFICE OF FATHER Snoaks
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 34
(12) BIRTHPLACE Snoaks (Years)
(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1 9

MOTHER.

(14) NAME BEFORE MARRIAGE Augusta Crosby
(15) PRESENT POSTOFFICE OF MOTHER Snoaks
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32
(18) BIRTHPLACE Snoaks (Years)
(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 1 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Midwife (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report (25) Address of Physician or Midwife Snoaks

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

(27) Filed W. W. W. 19 22 (28) Matthe Kindy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.