

(1) FRAMES OF INDEX

County of Chester

Township of

In 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

No. 3347

3347

(2) Full Name of Child Ernest Alvin Crosby If child is not yet named, make supplemental report as directed(3) SEX OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 11A (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 11 (Name of Month) (Day) (Year)(8) FULL NAME Major Crosby (9) NAME BEFORE MARRIAGE Leila Worthy(10) PRESENT POSTOFFICE OF FATHER Chester (11) PRESENT POSTOFFICE OF MOTHER Chester(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 33 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 20(16) BIRTHPLACE Chester Co. (17) BIRTHPLACE Chester Co.(18) OCCUPATION Mill work (19) OCCUPATION Secrets(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 6

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) J. M. Ryan(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chester

Given name of child and a supplement to this report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 2-24 1923 (28) J. M. Ryan Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born dead, it should not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.

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