

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of .....City of Anderson

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

(2) Full Name of Child Pettie Craft

File No.—For State Registrar Only

28692

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3ARegistered No. 334  
(For use of Local Registrar)

St.; ..... Ward)

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

(3) BOY OR GIRL X

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept 4, 1922

(Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jno. Binyon Craft(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 28

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE Assie Elizabeth Cheek(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 19

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) 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 1:40 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wade Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Anderson S.C.

Given name added from a supplemental report

(26) Witness

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

F. B. CRAYTON,

(27) Filed

19

(28)

ANDERSON S.C.19  
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.

before the fifth month of pregnancy.

MARGIN REMOVED FOR BINDING. WRITING PLAINLY, WITH UNFADING INK—THIS IS A FORM KNOWN THROUGHOUT THE UNITED STATES. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE REPORT FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3. BECAUSE OF COLUMBIA, COLUMBIA, S. C.