

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

43802

City of Greenville

County of

Town of

or

or

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

Registration District No. 22A

234 McGee St

(No.)

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

Full Name of Child Frances Eulalia Crabb

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

(1) Twin or triplet?	(2) Number in order of birth	(3) Are Parents Married?	(4) DATE OF BIRTH
			June 11
FATHER.		MOTHER.	
(14) NAME BEFORE MARRIAGE		(15) NAME BEFORE MARRIAGE	
Full Name		Margaret Boyd	
(16) PRESENT POSTOFFICE OF FATHER		(17) PRESENT POSTOFFICE OF MOTHER	
Greenville, S.C.		Greenville, S.C.	
(18) COLOR OR RACE		(19) AGE AT LAST BIRTHDAY	
White		21	
(20) BIRTHPLACE		(21) OCCUPATION	
Georgetown, S.C.		Housewife	
(22) Number of children born to mother, including present birth		(23) Number of children of this mother now living, including present birth	
5		2	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... (Date) ... M., on the date above stated.

(24) (Signature) ... (25) Address of Physician or Midwife

Name added from a supplemental report

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

(27) Filed Feb. 19, 1924 (28) C. E. Smith Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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