

(1) PLACE OF BIRTH

County of GreenvilleTownship of W. H. H.ville

or

Inc. Town of

or

City of

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

Registration District No. 2209 Registered No. 576

(For use of Local Registrar)

(2) Full Name of Child Virginia Virgin Crow { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? X (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Dec. 8, 1916

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Smith Crow(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Porterburg Co. S.C.(13) OCCUPATION Wall Work(14) Number of children born to mother, including present birth { 2

MOTHER

(14) NAME BEFORE MARRIAGE Elizabeth Bulcher(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Porterburg Co. S.C.(19) OCCUPATION House Work(20) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born alive at 1 2 M. on the date above stated. (Barn alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. M. Burnett

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

physician Greenville

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Dec 10 6 191 (28) A. H. MacKay 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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