

## (1) PLACE OF BIRTH

County of Richards

Township of .....

or  
Inc. Town of .....or  
City of Easy, S.C.

(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

File No.—For State Registrar Only

31814

Registration District No. 3702Registered No. 68  
(For use of Local Registrar)

## (2) Full Name of Child

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 8, 1922  
(Names of Month) (Day) (Year)

FATHER: (8) FULL NAME William Edward Cress (9) PRESENT POSTOFFICE OF FATHER Easy S.C. Route #1 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (12) BIRTHPLACE Easy S.C. (13) OCCUPATION Carpenter & Joiner

MOTHER: (14) NAME BEFORE MARRIAGE Mrs. P. C. Cress (15) PRESENT POSTOFFICE OF MOTHER Easy S.C. Route #1 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (18) BIRTHPLACE Easy S.C. (19) OCCUPATION House Wife

(20) Number of children born to mother, including present birth 2 (21) 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 Alan at 710 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. B. Farmer(24) State whether Physician or Midwife (25) Address of Physician or Midwife Easy S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 7, 1922 (28) E. H. Nyatt  
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.