

(1) PLACE OF BIRTH

County 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 Maitha Minnie Crawford If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>X</u> <u>Male</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>May 5 1928</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Luther Frank Crawford(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Year)(12) BIRTHPLACE Albert Co. Va.(13) OCCUPATION Cotton mill work.(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Eric Ida Whitman(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29 (Year)(18) BIRTHPLACE Anderson S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 12:15 P. M., on the date above stated. (Born alive or stillborn (Hour A. M. or P. M.))(23) (Signature) Wood 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)

(27) Filed 19 (28) P. B. CRAYTON Registrar.

When there was no attending physician or midwife, then the father, householder, etc., must make a report. 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.

a. Supplementary report (Date of)

Address 24 manFiled 19 Registrar.