

## 1. PLACE OF BIRTH

County of UnionTownship of Union

Inc. Town of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20367

Registration District No. 41-A Registrar No. 81City of Union (No. .... St. .... Ward ....)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child James H. Crawford Jr If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>no</u> <small>Take answer only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 19 72</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME  
J. H. Crawford(9) PRESENT POSTOFFICE OF FATHER  
Union S.C.(10) RACE  
White (11) AGE AT LAST BIRTHDAY  
23 (Years)(12) BIRTHPLACE  
Spaulding Co S.C.(13) OCCUPATION  
Contractor(14) Number of children born to mother, including present birth  
One

## MOTHER.

(14) NAME BEFORE MARRIAGE  
Pauline Rutledge(15) PRESENT POSTOFFICE OF MOTHER  
Union S.C.(16) COLOR OR RACE  
White (17) AGE AT LAST BIRTHDAY  
21 (Years)(18) BIRTHPLACE  
Spaulding Co S.C.(19) OCCUPATION  
Housewife(20) Number of children of the mother now living, including present birth  
One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive ..... T. A. M.  
on the date above stated. (Hour A. M. or P. M.)(22) (Signature) ..... T. A. M.(23) State whether Physician or Midwife (24) Address of Physician or Midwife  
Physician Union S.C.

Given name added from a supplemental report

..... 181....

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Registrar(25) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed 7-10-72 (27) S. G. Jarrett  
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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N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

N. M.—Copy of Columbia