

(1) PLACE OF BIRTH

County of YorkTownship of Kings Mtn.or  
Inc. Town of .....

City of .....

(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

32769

Registration District No. 4-4-0-7 Registered No. 921

(For use of Local Registrar)

(2) Full Name of Child Conan Neil Crawford

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number, in order of birth

(6) Are yes Parents Married?(7) DATE OF BIRTH Sept. 30 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Conan Neil Crawford(9) PRESENT POSTOFFICE OF FATHER Clover SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE York Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Bell Ligon(15) PRESENT POSTOFFICE OF MOTHER Clover SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE York Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:10 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

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

Physician Clover SC

Given name added from a supplemental report

(26) Witness [Signature]  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 2 1922 (28) [Signature]  
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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