

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

MCCAM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Marlboro,.....
 Township of Smithville,....
 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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

73960

Registration District No. 3303... Registered No. 85.....
 (For use of Local Registrar)

(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 Willie Boyd Crawford,..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 25/1918</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Willie Crawford,(9) PRESENT POSTOFFICE OF FATHER Bennettsville, S.C.

(10) COLOR OR RACE Negro, (11) AGE AT LAST BIRTHDAY 28
 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer,(20) Number of children born to mother, including present birth { 4

MOTHER.

(14) NAME BEFORE MARRIAGE Farley Moore,(15) PRESENT POSTOFFICE OF MOTHER Bennettsville, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20
 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House Work,(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive..... at 3 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucinda Pelsen,

(24) State whether Physician or Midwife Midwife, (25) Address of Physician or Midwife
Bennettsville, 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 Aug. 3/1918 (28) W. H. Pelsen
 Registrar 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.