

Form No. 1

(1) PLACE OF BIRTH

County of Willam

Township of

or

Inc. Town of... Willam

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

42056

Registration District No. 16-A Registered No. 56

(For use of Local Registrar)

(2) Full Name of Child Sallie Lucette

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Mar 5 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Cedolphus Crawford

(9) PRESENT POSTOFFICE OF FATHER

Willam S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

Willam

(13) OCCUPATION

Arch.

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Lucy Leggett

(15) PRESENT POSTOFFICE OF MOTHER

Willam

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

House work

(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 born on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Sallie Leggett

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeWillam 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

Dec 15 1922

(28)

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.

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

McGraw-Hill, Columbia, S. C.