

22 049384

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

04934

1. PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

or

City of Columbia, SC.

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Registration District No. 38-aRegistered No.
(For use of Local Registrar)

2. FULL NAME OF CHILD

Pete Weston Crawford

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

3. Boy or ~~girl~~ ☒ If Plural births { 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... Full term..... 7. Are Parents Married? yes 8. Date of birth August 10 19 22 (Month, day, year)9. Full name FATHER
John Y Crawford
10. Residence (mailing address) Columbia, SC
(If non-resident, give place and State)18. Name before marriage MOTHER
Bessie Weston
19. Residence (mailing address) Columbia, SC
(If non-resident, give place and State)11. Color or race white 12. Age at child's birth 32 (years)
13. Birthplace (city or place) Crawfordville, Georgia
(State or country)20. Color or race white 21. Age at child's birth 19 (years)
22. Birthplace (city or place) Springfield, E. C.
(State or country)OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Oct 20 19 22OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work 19..... 26. Total time (years) spent in this work.....27. Number of children of this mother 1 (At time of birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 10 P.m. on the date above stated.(Signed)....., Parent
or Miss Annie S. Weston, Guardian
Address Springfield
Filed Nov 5 19 22 M.B. Ward and W. Ward, Registrar.

Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
(See instructions on Back of Certificate.)
10-29-42
in office