

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 .....City of Columbia S.C.

(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)(No. Calhoun St.; ..... Ward)

## 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 1922  
(Month, day, year)9. Full name John Y Crawford FATHER10. 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)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 192217. Total time (years) spent in this work 10 yrs18. Name before marriage Bessie Helton MOTHER19. Residence (mailing address) Columbia, SC  
(If non-resident, give place and State)20. Color or race White 21. Age at child's birth 19 (years)22. Birthplace (city or place) Springfield, S.C.  
(State or country)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 (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....  
(At time of birth and including this child)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 Chris Annie Helton, GuardianAddress SpringfieldFile Nov 5 1922 M.B. Ward, W. and W.D. 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