

WRITE PLAINLY, WITH INK, IN FULL—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 3.

(1) PLACE OF BIRTH

County of Crawley
 Township of Crawley
 Inc. Town of Crawley
 City of Crawley

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

File No.—For State Registrar Only

42070

Registration District No. 36A Registered No. 2
 (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 Mayant Rans Fairy If child is not yet named, make supplemental report as directed

3) BOY OR GIRL girl 4) Twin or Triplet - 5) Number in order of birth - 6) Are Parents Married? yes 7) DATE OF BIRTH at 18 20
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Julius Burnett Fairy
 9) PRESENT POSTOFFICE OF FATHER Crawley SC
 10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 22
 12) BIRTHPLACE S.C.

13) OCCUPATION

U. S. Bureau of Fisheries

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

MOTHER.

14) NAME BEFORE MARRIAGE Lela Emma Smoak
 15) PRESENT POSTOFFICE OF MOTHER Crawley SC
 16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 20
 18) BIRTHPLACE S.C.

19) OCCUPATION

housewife

21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. Moore(24) State whether Physician or Midwife(25) Address of Physician or Midwife Crawley SC

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7.6.26 19 26 (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.

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