

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of Fuller's Creek

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.)

Registration District No. 4403Registered No. 46
(For use of Local Registrar)

(2) Full Name of Child

Crawford Alexander

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Sept 18 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lester Alexander

(9) PRESENT POSTOFFICE OF FATHER

Sharon S.C. 111

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

33
(Year)

(12) BIRTHPLACE

York Co S.C.

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Annelle Belle Jester

(15) PRESENT POSTOFFICE OF MOTHER

Sharon S.C. 111

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

23
(Year)

(18) BIRTHPLACE

York Co S.C.

(19) OCCUPATION

Laborer

(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 alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Annelle Jester

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Sharon S.C. 111

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 6 1922

(28)

W. C. Mitchell
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.