

(1) PLACE OF BIRTH

County of

Township of

City of

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

(2) Full Name of Child

File No.—For State Registrar Only

3717

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1207

Registered No. 10
(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(8) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

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

FATHER.

(8) FULL NAME

William Thomas Crawford

(9) PRESENT POSTOFFICE OF FATHER

Patrick S.C.

(10) COLOR OR RACE

Caucasian

(11) AGE AT LAST BIRTHDAY

26 (Years)

(12) BIRTHPLACE

Chesapeake Cemetery

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Molly Williams

(15) PRESENT POSTOFFICE OF MOTHER

Patrick S.C.

(16) COLOR OR RACE

Caucasian

(17) AGE AT LAST BIRTHDAY

24 (Years)

(18) BIRTHPLACE

Chesapeake County SC

(19) OCCUPATION

House wife

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

Three (3)

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, at 10:15 AM on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1912

(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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Return.