

(1) PLACE OF BIRTH

County Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 2753

Township of

or
Inc. Town ofCity of Anderson

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

Registration District No. 3ARegistered No. 38
(For use of Local Registrar)(2) Full Name of Child Paul Christian Eljeth(3) SEX OF CHILD X (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth 1 (6) Are marks present yes (7) DATE OF BIRTH Feb. 22, 1925
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robt. Clingman Crawford(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 18
(Years)(12) BIRTHPLACE Easley Pickens Co. S.C.(13) OCCUPATION Cotton mill Oper.(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Maudie Elizabeth Moore(16) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 16
(Years)(19) BIRTHPLACE Babun Co. Ga.(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wade Thompson M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplementary report

(26) Witness (Signature of Witness) ANDERSON, S. W.
when question is to be answered(27) Filed (28) ANDERSON, S. W.

When this certificate is filed, the father, grandmother, etc., should make this return. If a child is born dead, it should be reported as such. No report is desired of stillborns.