

Form No. 8

(1) PLACE OF BIRTH

County of MarionTownship of Marion

or

In. Town of _____

or

(City of _____ (No. _____ St. _____ Ward _____)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2214

FILE NO. For State Registrar Only

21823

Registered No. 108

(For use of Local Registrar)

(2) Full Name of Child

Allen Rae Crawford

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

(Name of Month) (Day) (Year)

July 23

FATHER

(8) FULL NAME

Elijah Crawford

(9) PRESENT POSTOFFICE OF FATHER

Sellers, S. C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY (Years)

37

(12) BIRTHPLACE

Marion, S. C.

(13) OCCUPATION

farmer

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

four

MOTHER

(14) NAME BEFORE MARRIAGE

Kelcie Williams

(15) PRESENT POSTOFFICE OF MOTHER

Sellers

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY (years)

36

(18) BIRTHPLACE

Marion, S. C.

(19) OCCUPATION

housewife

(20) 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 alive at 11 P. M. on the date above stated. (Born alive or stillborn? (Hour A. M. or P. M.)(23) (Signature) Elijah Crawford

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

fatherSellers, S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Aug 11923

(28)

Carrie B. B.

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 6th month of pregnancy.