

Twins or triplets use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Abbeville
Township of Donalds

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
24399

Inc. Town of Registration District No. 105 Registered No. 38
(For use of Local Registrar)
City of (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 Ann Louise Crawford If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 15, 1912
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME James Henry Crawford

(9) PRESENT POSTOFFICE OF FATHER Honica Path St.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
(Years)

(12) BIRTHPLACE Anderson Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 16

MOTHER
(14) NAME BEFORE MARRIAGE Nancy Ann White

(15) PRESENT POSTOFFICE OF MOTHER Honica Path St.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 3
(Years)

(18) BIRTHPLACE Greenville

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11:25 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Honica Path St.

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed Sept. 8, 1912 (28) Lucile Humphreys 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.