

(1) PLACE OF BIRTH

County of BeaufortTownship of Carteror
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

22007

Registration District No. 3500Registered No. 57
(For use of Local Registrar)

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

(2) Full Name of Child John W. Crawford If child is not yet named, make supplemental report as directed(3) SEX OR
GENDER Boy (4) Twin
or Triplet No (5) Number in
order of birth 5 (6) Are
Twin
Marked yes DATE OF
BIRTH 7-8-23
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Thos. S. Crawford</u>	(14) NAME BEFORE MARRIAGE <u>Piffard Waters</u>	(9) PRESENT RESIDENCE OF FATHER <u>Fair Play</u>	(15) COLOR OR RACE <u>white</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>	(16) BIRTHPLACE <u>SC.</u>	(17) OCCUPATION <u>Housewife</u>
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farming</u>	(18) Number of children of this mother now living, including present birth <u>4</u>	
(19) Number of children born to mother, including present birth <u>5</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, w.
on the date above stated.(21) (Signature) W
(22) State whether Phys.
Midwife(23) Address of Physician or Midwife
May M. A.
(24) Date of Birth 7-8-23
(25) Time of Birth 10
(26) Sex M.
(27) Weight 10
(28) Length 19
(29) Head 12.5
(30) Chest 12.5
(31) Arm 12.5
(32) Leg 12.5
(33) Foot 12.5
(34) Hand 12.5
(35) Fingers 12.5
(36) Thumb 12.5
(37) Nails 12.5
(38) Teeth 12.5
(39) Tongue 12.5
(40) Throat 12.5
(41) Lungs 12.5
(42) Stomach 12.5
(43) Liver 12.5
(44) Spleen 12.5
(45) Pancreas 12.5
(46) Intestines 12.5
(47) Urinary 12.5
(48) Reproductive 12.5
(49) Skin 12.5
(50) Hair 12.5
(51) Eyes 12.5
(52) Ears 12.5
(53) Nose 12.5
(54) Mouth 12.5
(55) Lips 12.5
(56) Chin 12.5
(57) Neck 12.5
(58) Shoulder 12.5
(59) Hip 12.5
(60) Pelvis 12.5
(61) Anus 12.5
(62) Vagina 12.5
(63) Uterus 12.5
(64) Ovary 12.5
(65) Fallopian 12.5
(66) Cervix 12.5
(67) Vaginal 12.5
(68) Perineal 12.5
(69) Anal 12.5
(70) Rectum 12.5
(71) Sigmoid 12.5
(72) Descending 12.5
(73) Transverse 12.5
(74) Ascending 12.5
(75) Cecum 12.5
(76) Appendix 12.5
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