

(1) PLACE OF BIRTH

County of *Charleston*

Township of *Charleston*

Inc. Town of *Charleston*

City of *Charleston*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. *32099* for State Registrar Only

32099

Registration District No. *9A*

Registered No. *1688*

(For use of Local Registrar)

(No. *19 Battle Alley* St.)

Ward

(2) Full Name of Child *Lewis Crafton Jr.*

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

(3) SEX OR CHILD *Boy*

(4) Type or Triplet

(5) Number in order of birth

(6) Age Parents Married *yes*

(7) DATE OF BIRTH *Nov 17 1923*

(Time of Month) (Day) (Year)

(8) FULL NAME FATHER *Lewis Crafton*

(14) NAME BEFORE MARRIAGE MOTHER *Marica Warren*

(9) PRESENT POSTOFFICE OF FATHER *Char S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *Char S.C.*

(10) COLOR OR RACE *Col* (11) AGE AT LAST BIRTHDAY *33* (Year)

(16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *24* (Year)

(12) BIRTHPLACE *Edisto Is. S.C.*

(18) BIRTHPLACE *Edisto Island*

(13) OCCUPATION *Laborer*

(19) OCCUPATION *Domestic*

(20) Number of children born to mother, including present birth *2*

(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alize* *J.P.* on the date above stated. (Born alive or stillborn) (New A. M. or P. M.)

(23) (Signature) *May Frazer* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *104 Logan*

(Given name added from a supplemental report)

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

(27) Filed *11/20/23* (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.

Form No. 1 THE OTHER, No. 2, etc. in series of

K O D A K S . A F