

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43289

County of Lanterns

Township of Clinton

or  
Inc. Town of .....

or  
City of Clinton

Registration District No. 2902 Registered No. 134

(For use of Local Registrar)

(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

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 13<sup>th</sup> 1922  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James Roy Crawford

(14) NAME BEFORE MARRIAGE Fannie Mae Hale

(9) PRESENT POSTOFFICE OF FATHER Clinton SC R 20<sup>th</sup>

(15) PRESENT POSTOFFICE OF MOTHER Clinton SC R 20<sup>th</sup>

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31  
(Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27  
(Years)

(12) BIRTHPLACE Lanterns County SC

(18) BIRTHPLACE Charter County S.C.

(13) OCCUPATION Farming

(19) OCCUPATION House wife

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

(21) 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 Born alive at 11:30 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Lee Young

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Clinton 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 Jan 9 1923 (28) J. L. Bailey 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.

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See also use of separate blank for each child, in question 5. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCRAW OF COLUMBIA, COLUMBIA, S. C.

MC