

(1) PLACE OF BIRTH

County of

*Lexington*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52982

Township of

*Camden*

or

Inc. Town of

*Brookland*

or

City of

(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *3105* Registered No. *20*  
(For use of Local Registrar)

(2) Full Name of Child

*Oliver Theodore Crawford*

children not yet named, make supplemental report as directed

(3) BOY OR GIRL?

*Boy*

(4) Twin or Triplet?

*—*

(5) Number in order of birth

*1*

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*Jan 7 1916*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

*Oliver Crawford*

(9) PRESENT POSTOFFICE OF FATHER

*New Brookland*

(10) COLOR OR RACE

*white*

(11) AGE AT LAST BIRTHDAY

*20*  
(Years)

(12) BIRTHPLACE

*Lexington, Co*

(13) OCCUPATION

*mill work*

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

*1*

MOTHER.

(14) NAME BEFORE MARRIAGE

*Mattie Numb*

(15) PRESENT POSTOFFICE OF MOTHER

*New Brookland*

(16) COLOR OR RACE

*white*

(17) AGE AT LAST BIRTHDAY

*24*  
(Years)

(18) BIRTHPLACE

*Darlington Co*

(19) OCCUPATION

*Domestic*

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

*One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7:30* P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. R. Seeger*  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Physician 1929 Park St*

Given name added from a supplemental report

*7202* 1916  
*W. Miller*  
*Supy* Registrar

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

(27) Filed *3/28* 1916. (28) *J. C. Lybrand* 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.

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WHITE PLAINS, WITH LEADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of 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.