

Form No. 1

(1) PLACE OF BIRTH

County of LebanonTownship of LebanonOF
Inc. Town of LebanonOF
City of Lebanon

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

(2) Full Name of Child Marion Crawford If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Sex Male (7) DATE OF BIRTH Mar 30, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Crawford(9) PRESENT POSTOFFICE OF FATHER Rains(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29
(Year)(12) BIRTHPLACE Marion Co.(13) OCCUPATION Farm work(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Clara Davis(15) PRESENT POSTOFFICE OF MOTHER Rains(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26
(Year)(18) BIRTHPLACE Marion Co.(19) OCCUPATION Farm work(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P.M.
on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)(23) (Signature) W. L. Leonard (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Apr 30 1923 (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.