

WRITE PLAINLY, WITH UNFADING 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.

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

County of Charleston
 Township of Jefferson
 or
 Inc. Town of.....
 or
 City of..... (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 David Aaron If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
18183

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Feb 18, 22
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME <u>David Aaron</u>	14) NAME BEFORE MARRIAGE <u>Marion G. Crawford</u>	9) PRESENT POSTOFFICE OF FATHER <u>W. C. Crawford</u>	15) PRESENT POSTOFFICE OF MOTHER <u>W. C. Crawford</u>
10) COLOR OR RACE <u>Black</u>	11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	16) COLOR OR RACE <u>Black</u>	17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
12) BIRTHPLACE <u>S. C.</u>	18) BIRTHPLACE <u>S. C.</u>	13) OCCUPATION <u>Fireman</u>	19) OCCUPATION <u>Housewife</u>
20) Number of children born to mother, including present birth <u>1</u>	21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Paul Crawford
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Jefferson

Given name added from a supplemental report.....

(26) Witness..... (Signature of Witness necessary only when question 23 is signed by mark)
D. L. Blackwell

(27) Filed..... (28) Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make a 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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