

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6357

Registration District No. 314Registered No. 88
(For use of Local Registrar)(No. 922 Trubble St.; Ward)(2) Full Name of Child Helen Frances Crawford

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

(3) BOY OR GIRL

(4) Twin or Triplet? S

To be answered only in event of Twins or Triplets

(5) Number in order of birth 4(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Mar 9, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Benjamin Franklin Crawford

(9) PRESENT POSTOFFICE OF FATHER

922 Trubble St
Anderson SC

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

41
(Years)

(12) BIRTHPLACE

Laners W

(13) OCCUPATION

Bricklayer

MOTHER.

(14) NAME BEFORE MARRIAGE

Esse Medlin

(15) PRESENT POSTOFFICE OF MOTHER

922 Trubble St
Anderson SC

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

39
(Years)

(18) BIRTHPLACE

Belger SC

(19) OCCUPATION

wife

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

4

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was nt. 7.9 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Jones

(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 mark)

F. B. CRAYTON,

(27) Filed

10

(28)

ANDERSON19 ..
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.

Alfred L. Jones
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