

FORM NO. 1.

(1) PLACE OF BIRTH

County of MarionTownship of Wahel

Inc. Town of

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

49850

Registration District No. 3207 Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child Jefferson

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

| | | | | |
|-----------------------------|--------------------------------|---------------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Feb 27</u> (Name of Month) (Day) (Year) |
|-----------------------------|--------------------------------|---------------------------------------|-------------------------------------|--|

FATHER.

(8) FULL NAME Alex. Crawford(9) PRESENT POSTOFFICE OF FATHER Marion SC. RFD #2(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Marion SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Paul Patton(15) PRESENT POSTOFFICE OF MOTHER Marion SC. RFD #2(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Chadbourne NC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 4:30 a on the date above stated.(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Marion SC.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Feb 27 1916 (28) B. F. Dike 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.

MARGIN RESERVED FOR BINDING.

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.

McCaw, of Columbia