Form No. 1

(1) PLACE OF BIRTH

County of Berkeley

Township of Eutaw

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3296

Registration District No. 708 Registered No. 17

(For use of Local Registrar)

(2) Full Name of Child Robert Newton Crowson

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
			Yes	Feb. 19th 1922

FATHER.

(8) FULL NAME Robert N. Crowson Sr.

(9) PRESENT POSTOFFICE OF FATHER Crowson S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Berkeley Co.

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Florrie Sandifer

(15) PRESENT POSTOFFICE OF MOTHER Crowson S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Fort Valley Ga.

(19) OCCUPATION Housewife

(21) 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 born alive at 3 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Judy Nelson

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Crowson S.C.

Given name added from a supplemental report

..... 19.... Registrar

(26) Witness Lillian Crowson

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

(27) Filed Feb. 25th 1922 (28) D W Crowson

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.

MARRIAGE REGISTERED UNDER SAME NUMBER.

WHERE PLURAL BIRTH, NAMES OF CHILDREN IN ORDER OF BIRTH.—Where an illegitimate child is named in certificate, surname of father should not be given unless he has requested that child be given his name.

N. B.—In case of illegitimate child, certificate may be made at request of mother. Nos. 1, 2, etc., in questions 5 and 20 refer to previous births of mother.

Bureau of Vital Statistics, Columbia, S. C.