

(1) PLACE OF BIRTH

County of Fairfield

Township of 13

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

64253

Registration District No. 1912 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth 3

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 13 1916

To be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W.H. Crowder

(9) PRESENT POSTOFFICE OF FATHER Strocks Sc

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Fairfield Co

(13) OCCUPATION Farmer

(20) Number of children-born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Clara Fee

(15) PRESENT POSTOFFICE OF MOTHER Strocks Sc

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Fairfield Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 1:30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edwing 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 mark)

(27) Filed June 1916 (28) W. E. DeFibus 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.

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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. McCAY McCaw, of Columbia.