

PLACE OF BIRTH

County of Stuyvesant
 Township of Cherokee
 or
 City of

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

No. — For State Register Only
19180

Registration District No. 40019 Registered No. 68
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Ethel Crawford If child is not yet named, make supplemental report as directed

1 SEX OF CHILD Girl 2 Twin or Triplet No 3 Number in order of birth 1 4 Is Child Married No 5 DATE OF BIRTH June 4 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 6 FULL NAME Willard Crawford
 7 PRESENT RESIDENCE OF FATHER Cherokee SC R 2
 8 COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32
 9 BIRTHPLACE NC
 10 OCCUPATION Farmer
 12 Number of children born to father, including present birth 6

MOTHER.
 13 NAME BEFORE MARRIAGE Watty Elliott
 14 PRESENT RESIDENCE OF MOTHER Cherokee, SC R 2
 15 COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32
 16 BIRTHPLACE NC
 18 OCCUPATION Housewife
 21 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature) Dr. Chapman (24) State Physician (25) Address of Physician or Midwife Cherokee, SC

Give name added from a supplemental report
Jessie L. Lacey
Sept. 25 1923
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
Blackwell
 (27) Filed 6/10 1923 (28) 3 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.

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.

O D A K S A F E T Y A F