

MARGIN RESERVED FOR BINDING.

WHITE 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.

McGAW OF COLUMBIA, COLUMBIA, D. C.

## (1) PLACE OF BIRTH

County of Aiken  
 Township of Wards  
 or  
 Inc. Town of .....  
 or  
 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

28553

Registration District No. 9/4 Registered No. 3  
 (For use of Local Registrar)

## (2) Full Name of Child

George Crawford (No. .... St.; .... Ward)  
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

9th

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH: June 6, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Albert Crawford

(9) PRESENT POSTOFFICE OF FATHER

Ridge Spring

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

35  
 (Years)

(12) BIRTHPLACE

Aiken Co

(13) OCCUPATION

Farming

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

9

## MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie Hendrix

(15) PRESENT POSTOFFICE OF MOTHER

Ridge Spring

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

35  
 (Years)

(18) BIRTHPLACE

Aiken Co

(19) OCCUPATION

Housewife

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

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

D. B. Frutts

(24) State whether Physician or Midwife

Phys.

(25) Address of Physician or Midwife

Ridge Spring

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 18, 1922

(28)

H. E. Duncanson  
 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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