(1) PLACE OF BIRTH

County of York

Township of

or

Inc. Town of York

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: 5486

Registration District No. 44-H Registered No. 5
(For use of Local Registrar)

(2) Full Name of Child: Albert Lorain Crawford

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 event of Twins or Triplets

(5) Number in order of birth: 12

(6) Are Parents Married: yes

(7) DATE OF BIRTH: Feb (Name of Month) 10 (Day) 1923 (Year)

FATHER.

(8) FULL NAME: Will R. Crawford

(9) PRESENT POSTOFFICE OF FATHER: York S.C.

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 42 (Years)

(12) BIRTHPLACE: York Co

(13) OCCUPATION: Mill Operative

(20) Number of children born to mother, including present birth: 12

MOTHER.

(14) NAME BEFORE MARRIAGE: Julia Hudson

(15) PRESENT POSTOFFICE OF MOTHER: York S.C.

(16) COLOR OR RACE: White

(17) AGE AT LAST BIRTHDAY: 41 (Years)

(18) BIRTHPLACE: Chester Co

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:00 (Hour—Write P. M.) P. M., on the date above stated.

(23) (Signature) R. H. Bratton M.D.

(24) State whether Physician or Midwife

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

Given name added from a supplemental report

..... 19 .... Registrar

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

(27) Filed Feb. 12 1923 (28) Beaux Comer
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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