

Form No. 1

(1) PLACE OF BIRTH

County of McCormickTownship of Plum Branchor
Inc. Town ofor
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

39335

Registration District No. 4005 Registered No. 39

(For use of Local Registrar)

(2) Full Name of Child Millie Irene Crawford

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 12, 1922</u> (Name of Month) (Day) (Year)
------------------------------	---	---------------------------------------	-------------------------------------	---

FATHER.

(8) FULL NAME Ann Crawford(9) PRESENT POSTOFFICE OF FATHER Plum Branch(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 46
(Year)(12) BIRTHPLACE Plum Branch S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Keller(15) PRESENT POSTOFFICE OF MOTHER Plum Branch(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37
(Year)(18) BIRTHPLACE Plum Branch(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Abbie Keller(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Plum Branch

Given name added from a supplemental report

(26) Witness Bessie Freeman
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 25, 1922 (28) J. B. Adams
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.

When making this return, the parent or householder should use a separate blank for each child, and mark the child's name in the space provided. If the child is a twin or triplet, the parent or householder should use a separate blank for each child, and mark the child's name in the space provided. If the child is a first-born, No. 1. This Office, No. 2, etc., in question 5.

RECORD OF BIRTHS, COLUMBIA, S. C.