

1. PLACE OF BIRTH

County of Charleston
 Township of Crutcher
 or
 City of _____
 or
 Town of _____
 or
 City of _____

Standard Certificate of Birth
STATE OF SOUTH CAROLINABureau of Vital Statistics
State Board of Health

Registration District No. _____

FILE No.—For State Registrar Only

3447-A

Registered No. _____
(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

FULL NAME OF CHILD Corrie Cornell Crawford (If child is not yet named, make supplemental report as directed.)

Sex of Child Boy 1. Place of birth SC 4. Twin, triplet, or other No 5. Premature No 7. Legitimate Yes 8. Date of birth Feb 13, 1923
 3. Number, in order of birth 1 Full term Yes Date 1923
 (Month, day, year)

FATHER		MOTHER	
Full name <u>Eddie Crawford</u>		Full name <u>Minnie Glover</u>	
Residence (usual place of abode) (If nonresident, give place and State) <u>SC</u>		Residence (usual place of abode) (If nonresident, give place and State) <u>SC</u>	
Color or race <u>Black</u> 12. Age at last birthday <u>28</u> (Years)		Color or race <u>Black</u> 21. Age at last birthday <u>23</u> (Years)	
Birthplace (city or place) (State or country) <u>SC</u>		Birthplace (city or place) (State or country) <u>SC</u>	
14. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Laborer</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Laborer</u>	
16. Date (month and year) last engaged in this work <u>1923</u>		25. Date (month and year) last engaged in this work <u>1923</u>	
17. Total time (years) spent in this work <u>10</u>		26. Total time (years) spent in this work <u>2</u>	

7. Number of children of this mother (At time of this birth and including this child) / (a) Born alive and now living 1 (b) Born alive but now dead None
 8. If stillborn, period of gestation months 29. Cause of stillbirth _____
 Before labor _____
 During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 Given name added from supplemental report R. D. Medgar (Date of) 12/26/23
 Address 111 Crutcher St
 Filed 1923
 Registrar Dr. J. H. Medgar

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