

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. IN CASE OF TWIN OR TRIPLETS USE SEPARATE REPORTS FOR EACH CHILD, and make the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 6.

RECORD OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Saluda
Township of No. 6
or
Inc. Town of.....
or
City of.....

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

Registration District No. 3905

File No.—For State Registrar Only
2432

Registered No. 17
(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.)

(2) Full Name of Child

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 18 1922
(State of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME J. F. Crawford
(9) PRESENT POSTOFFICE OF FATHER Saluda, S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44 (Years)
(12) BIRTHPLACE Saluda Co. S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 10

(14) NAME BEFORE MARRIAGE Berta Davis
(15) PRESENT POSTOFFICE OF MOTHER Saluda, S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE Greenwood Co S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) S. W. Koon

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hyson, S.C.

Given name added from a supplemental report

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

(27) Filed Feb 10 1922 (28) S. W. Koon 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.