

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville
 Township of Abbeville
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
19581

Registration District No. 100 Registered No. 43
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Arthur Crawford If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH July 25, 1913
 To be answered only in event of Twin or Triplet (Name of Day) (Year)

FATHER.

(8) FULL NAME Moses Crawford
 (9) PRESENT POSTOFFICE OF FATHER Abbeville S.C. R.F.D.
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 29
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Mitchell
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C. R.F.D.
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 29
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Rosa Brown
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Abbeville

Given name added from a supplemental report

(25) Witness E. Pressley
 (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed July 30, 1913 (27) E. Pressley
 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.

MARGIN RESERVED FOR BINDING.

WRITE 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 1.

BUREAU OF COLUMBIA, COLUMBIA, S. C.