CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
9490

(1) PLACE OF BIRTH
County of York
Township of
or
Inc. Town of
or
City of Rock Hill (No. Elm ave St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 44 B Registered No. 42
(For use of Local Registrar)

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

(3) BOY OR GIRL Gir
(4) Twin or Triplet?
(5) Number in order of birth
(To be answered only in event of twins or triplets)
(6) Are Parents Married? W
(7) DATE OF BIRTH Apr. 17 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ned Ewin
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE
(11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE
(13) OCCUPATION
(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Crawford
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.
(16) COLOR OR RACE Colored
(17) AGE AT LAST BIRTHDAY 52 (Years)
(18) BIRTHPLACE York Co.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:10 P M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) A. E. Rundgren
(24) State whether Physician or Midwife MD
(25) Address of Physician or Midwife Rock Hill S.C.

Given name added from a supplemental report
..... 191..
..... Registrar

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

(27) Filed 4/10/1922 (28) Lorner
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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