

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—for State Register Only

22598

City of Charleston Registration District No. 4002a Registered No. 84
(For use of Local Registrar)Town of _____ (No. _____) (Name of Ward)
or _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)Full Name of Child Hugh Crawley If child is not yet named, make supplemental report as directedBOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 22, 1923
(Name of Month) (Day) (Year)FATHER. FULL NAME Chas. Crawley (14) NAME BEFORE MARRIAGE Chas. CrawleyPRESENT POSTOFFICE OF FATHER Charleston (15) PRESENT POSTOFFICE OF MOTHER CharlestonCOLOR OR RACE W (16) AGE AT LAST BIRTHDAY 27 (17) AGE AT LAST BIRTHDAY (Years)BIRTHPLACE NC (18) BIRTHPLACEOCCUPATION Cotton Mill (19) OCCUPATION garment makingNumber of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 5:10 M.,
(Hour A. M. or P. M.)
on the date above stated.(22) (Signature) [Signature] (23) Address of Physician or Midwife [Address](24) State whether Physician or Midwife Physician

We name added from a supplemental report

(25) Witness [Signature] (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 8/10, 1923 (28) 3 Local Registrar

If 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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