

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.

(1) PLACE OF BIRTH
 County of Spitburg
 Township of 11
 or
 Inc. Town of Spitburg
 or
 City of Spitburg (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
26162

Registration District No. 40-a Registered No. 337
 (For use of Local Registrar)

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

(3) BOY OR GIRL girl (4) Twin or Triplet no (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH July 14, 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Louis S. Crawford
 (9) PRESENT POSTOFFICE OF FATHER Spitburg, S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
 (Year) (12) BIRTHPLACE S.C.
 (13) OCCUPATION Mrs. Shaving mill
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Lucien Sims
 (15) PRESENT POSTOFFICE OF MOTHER Spitburg, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27
 (Year) (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (22) I hereby certify that I attended the birth of this child, who was alive at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) [Signature]
 (24) Physician or Midwife (25) Address of Physician or Midwife Spitburg, S.C.

Given name added from a supplemental report

 _____, 19 _____
 Registrar

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

 (27) Filed 9-1-23 Jas. Cooper 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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