

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 5.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Berkley
Township of St. Stephens
or
Inc. Town of
or
City of

(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

29095

Registration District No. 71.6 Registered No. 42
(For use of Local Registrar)

(2) Full Name of Child Zellia Crawford

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 12 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Crawford

(9) PRESENT POSTOFFICE OF FATHER Bomeau S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 53
(Years)

(12) BIRTHPLACE Berkley Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Mitchell

(15) PRESENT POSTOFFICE OF MOTHER Bomeau S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 49
(Years)

(18) BIRTHPLACE Berkley Co.

(19) OCCUPATION House Work

(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 alive at 10:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Benson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Bomeau 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 Sept. 30 1922 (28) J. J. [Signature] 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.