

(1) PLACE OF BIRTH

County of MarionTownship of Marionor
Inc. Town ofor
City of Marion

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 32A

File No. - For State Registrar Only

12000

Registered No. 35

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Joseph Oscar Crawford (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy(4) Twin or Triplet? No

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Feb 16 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Oscar Crawford(9) PRESENT POSTOFFICE OF FATHER Marion S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Marion S.C.(13) OCCUPATION Painter(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline Hayes(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE Marion S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:30 P.M.
(Born alive or stillborn) (Hour, M. or P.M.)
on the date above stated.(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Marion 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 May 10 1922

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(28)

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.