

(1) PLACE OF BIRTH

County of YorkTownship of YorkInc. Town of YorkCity of York

(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

Registration District No. 4408

No. 10.—For State Registrar Only

34300

Registered No. 118

(For use of Local Registrar)

(2) Full Name of Child Shirley Crawford

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

(3) SEX OF CHILD Boy(4) Type of Birth ✓(5) Number in order of birth ✓(6) Age of mother no(7) DATE OF BIRTH Sep. 19, 1923.(8) FULL NAME Not Known

(9) PRESENT RESIDENCE OF FATHER

(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 16

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 2(14) NAME BEFORE MARRIAGE Carrie Crawford(15) PRESENT RESIDENCE OF MOTHER County Home(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 16(18) BIRTHPLACE York Co - S.C.(19) OCCUPATION Inmate Co. Home(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alvin at 12:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) D. M. Dowe(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife York Co.

Given name added from a supplemental report

(25) Witness

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

(26) Date Oct 13(27) Initials D. M. Dowe

(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.

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