

FORM NO. 1

(1) PLACE OF BIRTH

County of Pickens

Township of Central

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

47151

Registration District No. 2-2-2 Registered No. 1-3

(For use of Local Registrar)

(2) Full Name of Child Birth Hazel 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 Jan. 26, 1916

To be answered only in event of Twin or Triplet

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Hill Crawford

(14) NAME BEFORE MARRIAGE Lula Patterson

(9) PRESENT POSTOFFICE OF FATHER Catechee H.C.

(15) PRESENT POSTOFFICE OF MOTHER Catechee

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION? Mill hand

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Catechee M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. Woodruff

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Catechee

Given name added from a supplemental report

9/10, 1916
C. W. Miller
Registrar

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

(27) Filed Feb. 12, 1916 (28) J. H. Bearden 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.

Registrar Only

Local Registrar

number. (Ward)

named, make rt as directed

22 1916
(Day) (Year)

IST 26
(Years)

M.C.

7 9 A. M. or P. M.)

gn or Midwife

Local Registrar

this return. If before the

his before the