CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
85783

(1) PLACE OF BIRTH
County of Greenville
Township of Dunklin
or
Inc. Town of ..... Registration District No. 2205 Registered No. 78
(For use of Local Registrar)
or
City of ..... (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 Buford Crawford { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL: Boy
(4) Twin or Triplet? X
To be answered only in event of Twins or Triplets
(5) Number in order of birth 6
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Nov. 6, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fred Crawford
(9) PRESENT POSTOFFICE OF FATHER Toney Creek S.C.
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Grade Co. S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Vaughn
(15) PRESENT POSTOFFICE OF MOTHER Toney Creek S.C.
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Anderson Co. So. Car.
(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 alive at 7:30 A. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. Henry Smith M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Honea Path S.C.

Given name added from a supplemental report
....., 191....
.....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Nov 7 1916 (28) [illegible]
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.

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.

Form No. 10.
PLEASE WRITE PLAINLY. WHEN UNFAMILIAR WITH THE INSTRUCTIONS, SEE REVERSE SIDE.
WRITE IN INK. ERASURES MAKE A SUSPICIOUS APPEARANCE. USE A SEPARATE BLANK FOR each child, and mark the
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.

Caw. of Columbia.