

(1) PLACE OF BIRTH

County of Berkley Co
 Township of S. S. Stephens
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

10153

Registration District No. 706Registered No. 18
(For use of Local Registrar)(2) Full Name of Child Leonard Crawford

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

3. BOY OR GIRL Boy (4) Twin or Triplet? _____ (5) Number in order of birth 1 (6) Age (Years) yes (7) DATE OF BIRTH Apr 1 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

8. FULL NAME C. H. Crawford
 9. PRESENT POSTOFFICE OF FATHER Bonneau S.C.
 10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46
 12. BIRTHPLACE Berkley Co.
 13. OCCUPATION Farmer
 20. Number of children born to mother, including present birth Five

MOTHER

14. NAME BEFORE MARRIAGE Eddie Gwerry
 15. PRESENT POSTOFFICE OF MOTHER Bonneau S.C.
 16. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 43
 18. BIRTHPLACE Berkley Co.
 19. OCCUPATION House Work
 21. Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 a.m.
 on the date above stated. (Bore alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Aida Brunson(24) State whether Physician or Midwife mid wife(25) Address of Physician or Midwife Bonneau S.C.

Given name added from a supplemental report

(26) Witness

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

Apr 28 1922J. Gwerry

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 required of stillbirths before the fifth month of pregnancy.