

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

71012

Registration District No. 106

Registered No. 39

(For use of Local Registrar)

St.: Ward)

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

(2) Full Name of Child

Robt Edward Jr.

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

1

(5) Number in order of birth

3

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

8. 6. 1916

(Name of Month) (Day) (Year)

(8) FULL NAME

R E Crawford

(9) PRESENT POSTOFFICE OF FATHER

Hornea Path #3

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Abbe Co

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Celia Branch Pruitt

(15) PRESENT POSTOFFICE OF MOTHER

Hornea Path #3

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

Abbe Co

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

J. C. Branch

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

m. D.

One West - 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 Aug. 6. 1916

(28)

Local Re

*When there was no attending physician or midwife, then the father, householder, etc., should make this report as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

*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.

FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, New York, N.Y.