

## (1) PLACE OF BIRTH

County of HartlandTownship of Campbellor  
Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marie Crofford

File No.—For State Registrar Only

19154

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1600/A Registered No. 52

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(3) BOY OR  
GIRL girl(4) Twin  
or Triplet  
To be answered only in case of Twins or Triplets(5) Number in  
order of birth(6) Are  
Parents  
Married ✓

(7) DATE OF

BIRTH June 21 1915  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Estell Crofford(15) PRESENT  
POSTOFFICE  
OF MOTHER Sumner R. 5(16) COLOR  
OR  
RACE black(17) AGE AT LAST  
BIRTHDAY21  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

field worker(20) Number of children born to  
mother, including present birth(21) Number of children of this mother  
now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born a little at 11 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Patricia Crofford midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeSumner R. 5Given name added from a supplement-  
tal report

(26) Witness

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

(27) Filed

19

(28)

Sam J. Bishop  
Local Registrar19  
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.