

Form No 1.

## CERTIFICATE OF BIRTH

County of York

STATE OF SOUTH CAROLINA.

Township of Catawba

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

54177

Inc. Town of ..... Registration District No. 4004 Registered No. 19City 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 James 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 (6) Are Parents Married? yes (7) DATE OF BIRTH 3 10 6  
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME Sam Crawford MOTHER. (14) NAME BEFORE MARRIAGE Emma Pratt(9) PRESENT POSTOFFICE OF FATHER Rock Hill SC (15) PRESENT POSTOFFICE OF MOTHER Rock Hill SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18  
(Years) (Years)(12) BIRTHPLACE SC. (18) BIRTHPLACE SC.(13) OCCUPATION Comm Labor (19) OCCUPATION housework(20) Number of children born to mother, including present birth { 1 } (21) Number of children of this mother now living, including present birth { 1 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ella Carter

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

Midwife

Given name added from a supplemental report

(26) Witness J. P. Meach  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 3/27/6 (28) J. P. Meach  
Registrar Local RegistrarWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.  
McCaw, of Columbia.

\*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.