

Form No. 1

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

File No.—For State Registrar Only

90909

(1) PLACE OF BIRTH

County of MarionTownship of Mahee

or

Inc. Town of

or

City of

Registration District No. 3207 Registered No. 82
 (For use of Local Registrar)

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Dec. 10, 1916
 (Name of Month) (Day) (Year)**FATHER.**

(8) FULL NAME

Walter Crofford

(9) PRESENT POSTOFFICE OF FATHER

Marion S.C.

(10) COLOR OR RACE

colored(11) AGE AT LAST BIRTHDAY 24
 (Years)

(12) BIRTHPLACE

Marion Co S.C.

(13) OCCUPATION

Farm Hand

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

{ 1 }**MOTHER.**

(14) NAME BEFORE MARRIAGE

Lizzie

(15) PRESENT POSTOFFICE OF MOTHER

Marion S.C.

(16) COLOR OR RACE

colored(17) AGE AT LAST BIRTHDAY 22
 (Years)

(18) BIRTHPLACE

Marion Co S.C.

(19) OCCUPATION

Domestic

(20) 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 alive at 6 P.M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.(23) (Signature) Karrah F. Fink

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

MidwifeMarion S.C.

Given name added from a supplemental report

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

J. L. Dill(27) Filed Jan 1, 1917 (28) B. F. Dill Local Registrar

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.