

MARGIN RESERVED FOR BINDING.

WRITE 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.

N. B.—

MCRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Abbeville  
Township of Abbeville  
OR  
Inc. Town of.....  
OR  
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

20627

Registration District No. 1-4 Registered No. 47  
(For use of Local Registrar)

(2) Full Name of Child Ernest Walter Crawford 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 event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 12, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Weston Crawford

(9) PRESENT POSTOFFICE OF FATHER Abbeville, S. C. R. 3 P.

(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 38  
(Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1-8-9

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Ellison

(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S. C. R-3 P.

(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 20  
(Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1-7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. E. P. ...

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

Given name added from a supplemental report

(26) Witness J. E. P. ...  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 18, 1922 (28) J. E. P. ...  
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 desired of stillbirths before the fifth month of pregnancy.

19 Registrar (27) Filed July 18, 1922 (28) J. E. P. ...  
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