(1) PLACE OF BIRTH

County of Fairfield

Township of

or

Inc. Town of Winnsboro

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: 3723

Registration District No. 19-a

Registered No. 7
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Margaret Susanna Crawson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 3 1923 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Harold B. Crawson

(9) PRESENT POSTOFFICE OF FATHER Winnsboro, S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Bennettsville S.C.

(13) OCCUPATION Printer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Hoge

(15) PRESENT POSTOFFICE OF MOTHER Winnsboro S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Fairfield Co. S.C.

(19) OCCUPATION Housewife

(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 Born alive (Born alive or stillborn) at 4:45 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Sam Murray

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Winnsboro S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed May 1 1923 (28) M. H. Hennis
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.

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