

(1) PLACE OF BIRTH
 County of Anderson
 Township of Belton

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

File No.—For State Registrar Only
62964

Inc. Town of Registration District No. 300 Registered No. 92
 (For use of Local Registrar)
 City of Belton (No. R. I. D. # 3 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 Roy Lee 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 3rd 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wesley Lee Crawford

(9) PRESENT POSTOFFICE OF FATHER Belton, S.C. R.I.D. # 3

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Belton, S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Stanton

(15) PRESENT POSTOFFICE OF MOTHER Belton, S.C. R.I.D. # 3

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

(18) BIRTHPLACE Belton, 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 at 5:30 P.M.
 (Born alive or stillborn) (Hour A.M. or P.M.)
 on the date above stated.

(23) (Signature) C. S. Todd, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Belton, S.C.

Given name added from a supplemental report

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

(27) File No. 1916 (28) J. P. Tucker 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.

MARGIN RESERVED FOR RECORDS.
 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.