

WRITING 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 6.

McCall, of Columbia

(1) PLACE OF BIRTH
County of Richland
Township of
or
Inc. Town of
or
City of Shandon Amos (No. 312 Fifth Ave)
(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
36145

(2) Full Name of Child William Crawford If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? B (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9 5 24
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Mr W. J. Crawford
(9) PRESENT POSTOFFICE OF FATHER Columbia SC
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION R.R. Conductor
(20) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Ruth White
(15) PRESENT POSTOFFICE OF MOTHER Columbia SC
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 37 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION —
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. G. B. S. S.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report
March 9, 1914
Registrar

(26) Witness (Signature of Witness necessary only when question 24 is signed by mark)
(27) Filed 1-1-15 1915 W. J. C. 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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