

Form No. 1

## (1) PLACE OF BIRTH

County of LexingtonTownship of Landmarkor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edward CrawfordFile No.—For State Registrar Only  
**29519**Registration District No. 11.00Registered No. 71  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

3) BOY OR GIRL?	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married?	7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Ed Crawford

9) PRESENT POSTOFFICE OF FATHER Laurens S.C.

10) COLOR OR RACE W

11) AGE AT LAST BIRTHDAY 39 (Years)

12) BIRTHPLACE Laurens S.C.

13) OCCUPATION Farmer

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

## MOTHER.

14) NAME BEFORE MARRIAGE Anna Ferguson

15) PRESENT POSTOFFICE OF MOTHER Laurens S.C.

16) COLOR OR RACE W

17) AGE AT LAST BIRTHDAY 28 (Years)

18) BIRTHPLACE Laurens S.C.

19) OCCUPATION Wife of Farmer

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

(23) (Signature) Elvina Smith(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Laurens S.C.

Given name added from a supplemental report

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

(27) Filed Sept. 20, 1922 (28) R. J. P. Smith 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.