CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2549

(1) PLACE OF BIRTH

County of Spartanburg
Township of Woodruff
or
Inc. Town of Woodruff
or
City of .....

Registration District No. 4009 Registered No. 2
(For use of Local Registrar)

(No. ..... 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 Bonnie Lee Crawford

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
Girl			Yes	January 9, 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

(8) FULL NAME: Noah Richard Crawford
(9) PRESENT POSTOFFICE OF FATHER: Woodruff S. C.
(10) COLOR OR RACE: White
(11) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: Buncombe Co N. C.
(13) OCCUPATION: Mill Work
(20) Number of children born to mother, including present birth: 4

MOTHER

(14) NAME BEFORE MARRIAGE: Hattie Belle Wright
(15) PRESENT POSTOFFICE OF MOTHER: Woodruff S. C.
(16) COLOR OR RACE: White
(17) AGE AT LAST BIRTHDAY: 26 (Years)
(18) BIRTHPLACE: Buncombe Co N. C.
(19) OCCUPATION: Domestic
(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 6 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. A. Workman
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Woodruff 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 Feb. 14 1922 (28) Chas. L. Baylis
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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N. B.—In case of TWINS or TRIPLETS, make a SEPARATE RETURN FOR EACH CHILD. (SECTION 7, No. 1, TITLE 47 OF 1922.)
PENALTY FOR NEGLECT OR REFUSAL TO REGISTER BIRTHS AND DEATHS. (SECTION 8, No. 1, TITLE 47 OF 1922, and a NEGLECT BILL, No. 1, SECTION 2, etc., to question 3.)
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