

(1) PLACE OF BIRTH
 County of Wiscen
 Township of B. 27
 or
 Inc. Town of _____
 or
 City of _____

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

File No.—For State Registrar Only
71106

Registration District No. 204 Registered No. 31
 (For use of Local Registrar)
 St.; _____ Ward

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 15 1913</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Christopher Columbus Williamson</u>			(14) NAME BEFORE MARRIAGE <u>Carrie Lee Williamson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sallysco</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sallysco</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>Wiscen Co</u>			(18) BIRTHPLACE <u>Wiscen Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Wiscen on the date above stated. (Born alive or stillborn) (Hour 3 A. M. or P. M.)

(23) (Signature) John R. Goderhoff
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Springfield, S.C.

Given name added from a supplemental report
M.B. Woodward, M.D., 1913
offd. 11/29/43
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
P. C. Jones
 (27) Filed Sept 17 1913 (28) P. C. Jones 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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MARRIAGES REGISTERED FOR BINDING
 PLEASE NOTE UPDATING USE THIS IS A PRELIMINARY STATEMENT
 IN ALL CASES OF TWINS OR TRIPLETS USE A SEPARATE SLIP FOR EACH CHILD
 FIRST-BORN, NO. IN THE OTHER, NO. 2, ETC., IN QUESTION 5
 McGraw-Hill of Columbia