Form No. 10.

MARRIAGE RECORD REQUIRED FOR BENDING.

NO. 36. For convenience in filing on typewriter use a SEPARATE BLANK for each child, and mark the [illegible] THIS IS A PERMANENT RECORD.

[illegible] BOX 5, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

or Inc. Town of ..... Registration District No. 110 Registered No. 49 (For use of Local Registrar)

or City of ..... (No. ..... St.; ..... Ward)

(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
29820

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

(3) BOY OR GIRL? male (4) Twin or triplet? X (5) Number in order of birth X (To be answered only in event of twins or triplets) (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 15 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Lawrence Crawford	(14) NAME BEFORE MARRIAGE Annie Washington
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.	(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Abbeville S.C.	(18) BIRTHPLACE Abbeville S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth Two	(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:15 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. X. A. Lee

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 15 1915 (28) ..... Local Registrar

*When a child is not attended by a 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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