FORM NO. 2.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17860

(1) PLACE OF BIRTH
County of Abbeville
Township of Abbeville
or
Inc. Town of ..... Registration District No. 100 Registered No. 31
(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.)

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

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? No
(5) Number in order of birth 4
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH June 19, 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Charles Crawford	(14) NAME BEFORE MARRIAGE Lula Fullen
(9) PRESENT POSTOFFICE OF FATHER Abbeville R 4 D	(15) PRESENT POSTOFFICE OF MOTHER Abbeville R 4 D
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Abbeville Co	(18) BIRTHPLACE Abbeville Co
(13) OCCUPATION Farmer	(19) OCCUPATION Farm wife
(20) Number of children born to mother, including present birth 4 Four	(21) Number of children of this mother now living, including present birth 4 Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Chas. X. Cohen
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Abbeville

Given name added from a supplemental report
..... 191....
..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 6/26 1915 (28) ..... 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.

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 5.

PRINT PLAINLY, WITH LINE ADVANCE INK.—THIS IS A PERMANENT RECORD.

Mail to Bureau of Vital Statistics, State Board of Health, Columbia, S. C.