

(1) PLACE OF BIRTH

County of Clarendon
 Township of Marion
 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

3740

Registration District No. 1207 Registered No. 7
 (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 Jarvis Harrison Lawden (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 18 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jos. F. Lawden
 (9) PRESENT POSTOFFICE OF FATHER Marion Hill, Paoli
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Year)
 (12) BIRTHPLACE Clarendon Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Fenniman
 (15) PRESENT POSTOFFICE OF MOTHER Marion Hill, Paoli
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Year)
 (18) BIRTHPLACE Clarendon County
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was White at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Harrison M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Marion, Paoli

Given name added from a supplemental report

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

(27) Filed Feb 20 1922 (28) agubito 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.

PHIST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.