

Form No. 1

(1) PLACE OF BIRTH  
County of Greenville  
Township of Lawrence  
or  
Inc. Town of .....  
or  
City of .....  
(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  
**66659**

Registration District No. 43.1 Registered No. 58  
(For use of Local Registrar)  
Ward: .....

(2) Full Name of Child William Lawrence { 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>July 1 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William Lawrence</u>			(14) NAME BEFORE MARRIAGE <u>Mrs. M. L. Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lawrence</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lawrence</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Lawrence</u>		(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)		
(13) OCCUPATION <u>Turner</u>			(18) BIRTHPLACE <u>Lawrence</u>	
(19) OCCUPATION <u>Turner</u>			(20) BIRTHPLACE <u>Lawrence</u>	
(21) Number of children born to mother, including present birth <u>6</u>			(22) Number of children of this mother now living, including present birth <u>6</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(23) I hereby certify that I attended the birth of this child, who was born at Lawrence, S.C.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
(24) (Signature) W. E. Smith  
(25) State whether Physician or Midwife (26) Address of Physician or Midwife  
Lawrence

Given name added from a supplemental report  
..... 181.....  
Registrar

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
W. E. Smith  
(28) Filed July 1 1916 (29) 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.

NOTE—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.