

(1) PLACE OF BIRTH

County of

Charleston

Township of

Summerton

or
Inc. Town of

Caneblow

or
City of

(No.)

(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

684

Registration District No. 100.3

Registered No. 8

(For use of Local Registrar)

St. (Ward)

(2) Full Name of Child Lawrence Edwards Lyscomb

If child is not yet named, make supplemental report as directed

(3) BOY OR
GIRL?

Boy

(4) Twin, Single
or Triplet?

Single

(5) Number in
order of birth

1

(6) Are
Parents
Married?

Yes

(7) DATE OF
BIRTH

Jan 8 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

W. C. Lyscomb

(9) PRESENT
POSTOFFICE
OF FATHER

Giffney R. H.

(10) COLOR
OR
RACE

White

(11) AGE AT LAST
BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Summerton Co. S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE
MARRIAGE

Elisabeth Lyscomb

(15) PRESENT
POSTOFFICE
OF MOTHER

Giffney R. H.

(16) COLOR
OR
RACE

White

(17) AGE AT LAST
BIRTHDAY

23

(Years)

(18) BIRTHPLACE

Summerton Co. S.C.

(19) OCCUPATION

Domestic

(20) Number of children born to
mother, including present birth

1 3

(21) Number of children of this mother
now living, including present birth

1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

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(26) Witness

(27) Filed

Feb. 1, 1922

(28) J. F. Pritchard

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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