

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

66248

(1) PLACE OF BIRTH

County of *Spokane*

Township of *Cross Creek*

or
Inc. Town of *St.*

or
City of *St.*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *403*

Registered No. *07*

(For use of Local Registrar)

(2) Full Name of Child *Leelan Lawson*

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

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet?

(5) Number in order of birth *7th*

(6) Are Parents Married? *Yes*

(7) DATE BIRTH *June 22 1916*

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Jane Lawson*

(9) PRESENT POSTOFFICE OF FATHER *Enon Lane 2*

(10) COLOR OR RACE *White*

(11) AGE AT LAST BIRTHDAY *35*

(Years)

(12) BIRTHPLACE *Union County*

(13) OCCUPATION *Farmer*

(14) Number of children born to mother, including present birth *7th*

MOTHER

(15) NAME BEFORE MARRIAGE *Rosa Egan*

(16) PRESENT POSTOFFICE OF MOTHER *Enon Lane 2*

(17) COLOR OR RACE *White*

(18) AGE AT LAST BIRTHDAY *28*

(Years)

(19) BIRTHPLACE *Greenville County*

(20) OCCUPATION *Farmer's wife*

(21) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *4 H.* M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *C. H. Workman*

(24) State of *South Carolina* Physician or Midwife (Address of Physician or Midwife)

Physician Cross Creek

Given name added from a supplemental report

(25) Witness

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

(26) Filed *July 1 1916*

(27) Local Registrar *C. H. Workman*

Registrar

Local Registrar

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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FORM NO. 1
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.