

**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 Spitkaway  
Township of Cross Roads  
or  
Inc. Town of D  
or  
City of D (No. 57 Registered No. 57  
(For use of Local Registrar)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Leetian Lawson } 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 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 Route 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 Grogan  
(16) PRESENT POSTOFFICE OF MOTHER Enon Route 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 Alive at 4 A. P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) C. H. Workman  
(24) State of South Carolina (25) Address of Physician or Midwife Physician Cross Roads

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 July 1 1916 (28) C. D. Hanna 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.

Registrar I Local Registrar

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FORM NO. 8. VIRGIN REGISTERED FOR BIRTH. WITH FADING INK—THIS IS A PERMANENT RECORD. 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 8. W. B. McCraw, Registrar, Columbia, S. C.