

(1) PLACE OF BIRTH

County of Darlington

Township of 117

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

52100

Registration District No. 1911 Registered No. 7
(For use of Local Registrar)

(2) Full Name of Child Willie Henry Lason { 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> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>M</u>	(7) DATE OF BIRTH <u>March 12</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Wm Lason</u>	(14) NAME BEFORE MARRIAGE <u>Carrie Mc Daniel</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Winnboro S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>White Oak S.C.</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Adger S.C.</u>	(18) BIRTHPLACE <u>Winnboro S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Field Hand</u>
(20) Number of children born to mother, including present birth { <u>2</u>	(21) Number of children of this mother now living, including present birth { <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Mitchell
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 Mar 15 1916 (28) M. J. Young 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.

PLEASE PRINT CLEARLY, WITH UNFADING 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 5.
 McCaw, of Columbia