

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, 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 8.

(1) PLACE OF BIRTH

County of Spartanburg

Township of Union

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

Registration District No. 40010

File No.—For State Registrar Only

91814

Registered No. 148129
 (For use of Local Registrar)

(2) Full Name of Child

Woodrow W. Lawrence

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

2

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec 10 1916
 (Month of Month, (Day) (Year))

FATHER.

(8) FULL NAME

Sam Lawrence

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg # 2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30
 (Years)

(12) BIRTHPLACE

Spartanburg Co.

(13) OCCUPATION

Mill Operative

MOTHER.

(14) NAME BEFORE MARRIAGE

Flora Smith

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg # 2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30
 (Years)

(18) BIRTHPLACE

Spartanburg Co.

(19) OCCUPATION

Domestic

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

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

at 8 a.m. (Hour A. M. or P. M.)

(23) (Signature)

W. L. O'Connell

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Date

Dec 13 1916

(28)

W. L. O'Connell
 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.