

(1) PLACE OF BIRTH

County of AudersonTownship of Cornier

Inc. Town of

City of

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

(2) Full Name of Child Martha Ann Pauline

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

(3) SEX GIRL (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 10, 1923(8) FULL NAME J. R. Lawton (9) NAME BEFORE MARRIAGE Pauline(10) PRESENT POSTOFFICE OF FATHER Barnes (11) PRESENT POSTOFFICE OF MOTHER Barnes(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 38 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 27(16) BIRTHPLACE Abbeville Co (17) BIRTHPLACE Georgia(18) OCCUPATION Farming & Carpenter (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 9 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lydia M. Mages (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 221

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

(27) Filed Jan 13, 1923 (28) B. M. Pauline Local Registrar

(When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.)