

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Campbell  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. H.C.

File No. - For State Registrar Only  
**30123**

Registered No. 147  
 (For use of Local Registrar)

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

(2) Full Name of Child Ralph V. Lawson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 16 1923  
 (Name) (Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Howard E. Lawson  
 (9) PRESENT POSTOFFICE OF FATHER Lawson R 2  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35  
 (Year)  
 (12) BIRTHPLACE Union Co NC  
 (13) OCCUPATION Farmer  
 (14) NAME BEFORE MARRIAGE Alma Tinsley  
 (15) PRESENT POSTOFFICE OF MOTHER Lawson R 2  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31  
 (Year)  
 (18) BIRTHPLACE St. Co MS  
 (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 8  
 (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 (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) W. J. Thayer MD

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Lawson

Given name of child from a supplemental report

Garnie Tinsley  
Dec 22 1923  
 Registrar

(26) Witness

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

(27) Filed Sept 17 1923

(28) Local Registrar

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