

(1) PLACE OF BIRTH

County of Sumter
 Township of Stateburg
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only

92038

Registration District No. 4109 Registered No. 121
 (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 Eva 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 24, 1916
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Arthur Lawson
 (9) PRESENT POSTOFFICE OF FATHER Labell. S. C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32
 (Years)
 (12) BIRTHPLACE Sumter Co.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 6

(14) NAME BEFORE MARRIAGE Liza Winters
 (15) PRESENT POSTOFFICE OF MOTHER Labell. S. C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26
 (Years)
 (18) BIRTHPLACE Sumter Co.
 (19) OCCUPATION Farm laborer
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M. on the date above stated.
 (Born alive or stillborn) * (Hour A. M. or P. M.)

(23) (Signature) Phyllis E. Durant(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Labell. S. C.

Given name added from a supplemental report

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

(27) Filed Jan 3, 1917 (28) Benj. Sandoe
 Registrar 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.

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