

Form No. 1

## (1) PLACE OF BIRTH

County of Durham

Township of .....

Inc. Town of .....

City of Durham

(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

36592

Registration District No. 410 Registered No. 198

(For use of Local Registrar)

(No. W. J. Lawrence's Place St. Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Sept 20 1932</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME W. J. Lawrence

(9) PRESENT POSTOFFICE OF FATHER Durham

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 4 (Years)

(12) BIRTHPLACE Durham

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Coleman

(15) PRESENT POSTOFFICE OF MOTHER Durham S.C.

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Durham Co S.C.

(19) OCCUPATION At home

(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Celia G. Griers(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife W. J. Lawrence

Given name added from a supplemental report

(26) Witness Durham S.C.  
(Signature of Witness necessary only when question 23 is signed by mark)19  
Registrar

(27) Filed 19 (28) 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.

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 5.

MCCAW OF COLUMBIA, S. C.