

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Cross  
 or  
 Inc. Town of Conroe  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2510

Registration District No. 4003Registered No. 4  
(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 Addie Herbert Lawrence

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 11, 1922

(Month of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Herbert Clyde Lawrence

(9) PRESENT POSTOFFICE OF FATHER

Conroe S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

34

(Years)

(12) BIRTHPLACE

Spartanburg Co.

(13) OCCUPATION

Cotton Mill Work

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

8

## MOTHER.

(14) NAME BEFORE MARRIAGE

Addie June Wilson

(15) PRESENT POSTOFFICE OF MOTHER

Conroe S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

Spartanburg Co.

(19) OCCUPATION

Domestic

(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 1:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

C. D. Hanna

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician, Conroe S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan. 11, 1922

(28)

C. D. Hanna

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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PAPER RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNPAID INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINNING, HAVE BLANK FOR EACH CHILD, and mark the PLAIN-BORN, No. 1 THIS OTHER, No. 2, etc. in question 2.

RECEIVED OF COURTESY, COLUMBIA, &amp; O.

N.

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