(1) PLACE OF BIRTH

County of Lawrence

Township of Yanceyville

or

Inc. Town of .....

or

City of .....

(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
21706

Registration District No. 2908. Registered No. 851
(For use of Local Registrar)

No. ..... St. ..... Ward)

(2) Full Name of Child Gay Mary Lawrence

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

(3) SEX OF CHILD Fem

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 9 1923 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Earnest Lawrence

(9) PRESENT POSTOFFICE OF FATHER Yanceyville

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 100 (Years)

(12) BIRTHPLACE N C

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Reid

(15) PRESENT POSTOFFICE OF MOTHER Yanceyville

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Good Place N.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [illegible]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report

.....

..... 19 .... Registrar

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

(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.

FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 6

State of Columbia, S. C.