

## (1) PLACE OF BIRTH

County of GreenvilleTownship of .....

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  
18785

Registration District No. .... Registered No. ....

(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Edward T. Lawrence If child is not yet named, make supplemental report as directed3. BOY OR GIRL Boy4. Twin or Triplet ✓

To be answered only in event of Twins or Triplets

5. Number in order of birth 86. Are Parents Married? yes

7. DATE OF

BIRTH June 13, 1921  
(Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Edward T. Lawrence9. PRESENT POSTOFFICE OF FATHER Clinton S.C.10. COLOR OR FACE Black(11) AGE AT LAST BIRTHDAY 37

(Years)

12. BIRTHPLACE Lawrence S.C.13. OCCUPATION Farming20. Number of children born to mother, including present birth Eight (8)

## MOTHER.

(14) NAME BEFORE MARRIAGE Edna(15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 32

(Years)

(18) BIRTHPLACE Greenville Co.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive ..... 11:02 ..... P ..... M., on the date above stated. (Born alive or stillborn) Hour & P. M.)(23) (Signature) Carol Belt(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Fountain Inn S.C.

Given name added from a supplemental report

(26) Witness Midwife (Registered)

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

(27) Filed 13(28) 13

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.