

MARGIN RESERVE FOR BINDING.

WHITE PLAINS, 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 THIS OTHER, No. 2, etc., in question 6.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Myrtle Beach  
Township of Myrtle Beach  
or  
Inc. Town of Myrtle Beach  
or  
City of Myrtle Beach

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

File No.—For State Registrar Only

2517

Registration District No. 6005 Registered No. 2  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 25 1927</u> (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Frank Lawrence</u>	(14) NAME BEFORE MARRIAGE <u>Frank Lawrence</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Myrtle Beach</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Myrtle Beach</u>	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)		(18) BIRTHPLACE <u>S. C.</u>	
(12) BIRTHPLACE <u>S. C.</u>	(19) OCCUPATION <u>Working</u>		(20) Number of children of this mother now living, including present birth <u>3</u>	
(13) OCCUPATION <u>Working</u>	(21) Number of children of this mother now living, including present birth <u>3</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Frank Lawrence at Myrtle Beach, S. C., on the date above stated.

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Phys  
(25) Address of Physician or Midwife Myrtle Beach

Given name added from a supplemental report

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

(27) Filed Jan 25 1927 (28) Local Registrar Mrs. J. E. White

\*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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