

(1) PLACE OF BIRTH

County of

Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28466

Township of

or
In. Town of

Registration District No.

Registered No.

(For use of Local Registrar)

City of

(No. 1109171224 Sept-)

M. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child, Lawrence Orr M. Calla

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

(3) BOY OR GIRL?

Boy

(4) Twin or triplet?

(5) Number in order of birth

to be entered only in case of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Lawrence Howell M. Calla

(14) NAME BEFORE MARRIAGE

Mildred Cozier

(9) PRESENT POSTOFFICE OF FATHER

Greenville

(15) PRESENT POSTOFFICE OF MOTHER

Greenville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Trenton, Ill.

(18) BIRTHPLACE

Ridgeway, S.C.

(13) OCCUPATION

Laborer

(19) OCCUPATION

Housewife

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Washington St. Greenville, S.C.

Given name added from a supplemental report

(26) Witness

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

Oct 10, 1922

Local Registrar

When there was no child born, then the father, householder, etc., should make this return. If a child breathes even once, no report is desired of stillbirths before the 10th month of pregnancy.

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