

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, 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. THE OTHER, No. 2, etc., in question 5.

mark the

(1) PLACE OF BIRTH
County of Lanier
Township of Gormus

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

File No. For State Registrar Only
77912

(1) PLACE OF BIRTH
County of Lanier Co.
Township of Shiloh
or
Inc. Town of Shiloh
or
City of Shiloh

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

File No. For State Registrar Only
77911

Registration District No. 2908 Registered No. 66
(For use of Local Registrar)

(2) Full Name of Child William Eugene Lauford
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St. Lauford Ward Lauford

(3) SEX OR Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age 1
To be answered only in event of Twins or Triplets BIRTH Aug 25 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Alben Eugene Lauford
(9) PRESENT POSTOFFICE OF FATHER Lauford, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Lanier Co., S.C.
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Mamie Ausharn
(15) PRESENT POSTOFFICE OF MOTHER Lauford, S.C. R.R.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Lanier Co., S.C.
(19) OCCUPATION Housewife
(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 alive at 10:30 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. Harris
(24) State Physician or Midwife (25) Address of Physician or Midwife Lauford S.C.

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 10/10 1916 (28) R. S. Harris 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.