

NAME OF MOTHER

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

File No.—For State Registrar Only
14544

City of Richmond
County of Buffalo
or
Town of

Registration District No. 2700 Registered No. 9
(For use of Local Registrar)

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

Full Name of Child Lawrence M. McPherson If child is not yet named, make supplemental report as directed

(1) Sex Male (2) Number in order of birth 3 (3) Are Parents Married? Yes (4) DATE OF BIRTH 3 5 1923
(Name of Month) (Day) (Year)

FATHER
FULL NAME James McPherson
PRESENT POSTOFFICE OF FATHER Richmond SC
COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Richmond County
OCCUPATION Farmer
Number of children born to mother, including present birth (3)

MOTHER
(14) NAME BEFORE MARRIAGE Albina Jackson
(15) PRESENT POSTOFFICE OF MOTHER Richmond SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Richmond County
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at Richmond SC on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) J. S. P. McPherson
(23) State whether Physician or Midwife Physician Address of Physician or Midwife Richmond SC

own name added from a supplemental report

(24) Witness D. L. Lafferty (Signature of Witness necessary only when question 23 is signed "Physician")
(25) Filed MAY 1923 (26) J. S. P. McPherson State Registrar

When there was no attending physician or midwife, then the father, mother, 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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