

(1) PLACE OF BIRTH

County of Lancaster.....

Township of

OF *Quercus*

Inc. Town of Waukegan

City of _____

of 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

7504

Ins. Town of Lawrence Registration District No. 2005 Registered No. 1
(For use of Local Registrar)

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2) Full Name of Child.....*Charles*..... } If child is not yet named, make supplemental report as directed

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(U) BOY OR
GIRL?

(4) **Twin or Triplet?**

(g) Number in
order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH 2/1, 1924 NY

(Name of Month) (Day) (Year)

FATHER

MOTHER

10 FULL NAME

(14) NAME BEFORE MARRIAGE

(g) PRESENT
POSTOFFICE
OF FATHER

(19) **PRESENT
POSTOFFICE
OF MOTHER**

(10) COLOR
OR
RACE

(11) AGE AT LAST BIRTHDAY 2
(Years)

(16) COLOR
OR
RACE

(17) AGE AT LAST BIRTHDAY 4
(Years)

(13) BIRTHPLACE

(18) BIRTHPLACE

(11) OCCUPATION

(10) OCCUPATION

20) Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

22) I hereby certify that I attended the birth of this child, who was born alive at 11 M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

(23) Signature _____
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

(25) Address of Physician or Midwife

(even name added from a supplemental report)

(26) Witnesses

(Signature of Witness necessary only
when question 28 is signed by mark)

(27) Filed Dec. 23, 1913... (28) A. L. ... 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.