

REGISTRATION OF BIRTHS AND DEATHS IN THE STATE OF SOUTH CAROLINA. SEPARATE PLANS FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County Laurens
Township of Laurens
or
Inc. Town of
City of
(If 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
90511

Registration District No. 2801 Registered No. 107
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>single</u>	(5) Number in order of birth To be answered only in event of Twins or Triplets	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 23, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Wazlaw Witherspoon</u>			(14) NAME BEFORE MARRIAGE <u>Annie Dunlop</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Laurens S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Laurens S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		
(12) BIRTHPLACE <u>Laurens Co S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)			
(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Laurens Co S.C.</u>			
(19) OCCUPATION <u>Housewife</u>			(20) Number of children of this mother now living, including present birth <u>1</u>	
(21) Number of children born to mother, including present birth <u>1</u>			(22) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Palmer Bell

(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Laurens S.C.

Given name added from a supplemental report

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

(26) Filled Jan 17, 1917 (27) Local Registrar W. H. Driffin

*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.