

(1) PLACE OF BIRTH

County of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of St. James Luther

or

Inc. Town of W. S. Lee

or

City of

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

(No.)

St.;

Ward)

(2) Full Name of Child Mary Jane Lawrence

File No.—For State Registrar Only

71833

Registration District No. 906 Registered No. 64
(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>8</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>8</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug, 7</u> (Name of Month) (Day) 191 <u>6</u> (Year)
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FATHER.

(8) FULL NAME <u>John Lawrence</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Aversdew</u>	(12) BIRTHPLACE <u>Charleston</u>
(10) COLOR OR RACE <u>Wyo</u>	(13) OCCUPATION <u>Field Labor</u>
(20) Number of children born to mother, including present birth <u>8</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Benjamin Bach</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Aversdew</u>	(18) BIRTHPLACE <u>Charleston</u>
(16) COLOR OR RACE <u>Wyo</u>	(19) OCCUPATION <u>Field Hand</u>
(21) Number of children of this mother now living, including present birth <u>8</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marianne Bischof
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Aversdew

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 11, 1916 (28) Geo. E. Beckman
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.

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.
 McCaw, of Columbia.