

(1) PLACE OF BIRTH

County of Cherokee
 Township of Haffney
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41490

Registration District No. 6002Registered No. 262
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child Lawrence Edward Marshall

(3) ☒ BOY ☐ GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Dec. 22, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Alfred Davis
 (9) PRESENT POSTOFFICE OF FATHER Haffney
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)
 (12) BIRTHPLACE Cherokee County
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Denora Sanders
 (15) PRESENT POSTOFFICE OF MOTHER Haffney
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Cherokee County
 (19) OCCUPATION X
 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Maggie Washburn(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife R. B. Haffney, S. C.

Given name added from a supplemental report

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

Sam J. Davis (27) Local Registrar
Dec 30 22 (28) Date

*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 be reported as stillborn. No report is desired of stillbirths occurring within the first month of pregnancy.