

(1) PLACE OF BIRTH

County of York
 Township of Orange Mt.
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

38105

Registration District No. 4 P. 7 Registered No. 152
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Triplet <u>To be answered only in event of Triplet or Triplet</u>	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Nov 13 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Haywood Lawrence</u>			(14) NAME BEFORE MARRIAGE <u>Frank Cook</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Orange SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Orange SC</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>6</u> (Years)	(16) COLOR OR RACE <u>Black</u>		
(12) BIRTHPLACE <u>Orange SC</u>		(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)		
(13) OCCUPATION <u>Farmer</u>		(18) OCCUPATION <u>Farmer</u>		
(19) Number of children born to mother, including present birth <u>1</u>		(21) 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 P. P. M. on the date above stated.
 (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) P. P. M.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

See Dr. L. B. Woodward's certificate

Orange SC

(26) Witness

(Signature of Witness necessary only when question 22 is signed by name)

(27) Filed

Dec 2 1923

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.

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