

PLACE OF BIRTH

y of Newberry

ship of

or

Town of Newberry

or

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

Full Name of Child Green Charles Lawson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 3-4B Registered No. 1

(For use of Local Registrar)

File No.—For State Registrar Only

49926

OR (4) Twin or Triplet? (5) Number in order of birth 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 3, 1916
 (Name of Month) (Day) (Year)

FATHER.

NAME Thomas LawsonPRESENT OFFICE OF FATHER Prosperity SCAGE AT LAST BIRTHDAY 39 (Years)BIRTHPLACE Newberry CoOCCUPATION Help RestaurantNumber of children born to father, including present birth { 7 }

MOTHER.

(14) NAME BEFORE MARRIAGE Ada Jones(15) PRESENT POSTOFFICE OF MOTHER Prosperity SC(16) COLOR negro (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Suluda Co(19) OCCUPATION Cook(21) Number of children of this mother now living, including present birth { 7 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Arthur J. Jones (23) Address of Physician or Midwife

Name added from a supplemental report

1916T. W. Jones

Registrar

(26) Witness S. T. W. Jones (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed 1916 (28) S. T. W. Jones Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If it breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.