

## (1) PLACE OF BIRTH

County of Laurens

Township of .....

or

Inc. Town of .....

or

City of Laurens

(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

15562

60

Only

Registration District No. 29

Registered No. ....

(For use of Local Registrar)

No. 603 PickensSt. 23 Ward

## (2) Full Name of Child

Char. Edward Townsell

Child is not yet named; make supplemental report as directed

(1) BOY OR GIRL?

boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) Ward

make

ted

(3) FULL NAME

Callie Townsell

(14) NAME BEFORE MARRIAGE

Anna McCall

(9) PRESENT POSTOFFICE OF FATHER

Laurens SC  
603 Pickens ST

(15) PRESENT POSTOFFICE OF MOTHER

Laurens SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

23  
(Years)

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

23  
(Years)

(12) BIRTHPLACE

Laurens

(18) BIRTHPLACE

Laurens

(13) OCCUPATION

Cotton mill work

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

1

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

Wife

Registrar

(27) Filed 1/23 191(28) Laurens SC 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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