

Form No. 1

(1) PLACE OF BIRTH

County of Harry

Township of

Inc. Town of Lawway

City of

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

(2) Full Name of Child Mary M. Lawney(3) BOY OR GIRL? Girl(4) Twin or Triplet? ☒(5) Number in order of birth 1
To be answered only in case of Twin or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH June 7, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME D. M. Carney(9) PRESENT POSTOFFICE OF FATHER Lawway S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 34
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE V. M. Lawney(15) PRESENT POSTOFFICE OF MOTHER Lawway S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION at home(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:00 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. B. Perry(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lawway S.C.

Given name added from a supplemental report

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 23, 1916 (28) B. B. Perry 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.

CAV. of Columbia

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

64757

Registration District No. 25A Registered No. 15
(For use of Local Registrar)(2) Full Name of Child Mary M. Lawney { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl(4) Twin or Triplet? ☒(5) Number in order of birth 1
To be answered only in case of Twin or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH June 7, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME D. M. Carney(9) PRESENT POSTOFFICE OF FATHER Lawway S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 34
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE V. M. Lawney(15) PRESENT POSTOFFICE OF MOTHER Lawway S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION at home(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:00 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. B. Perry(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lawway S.C.

Given name added from a supplemental report

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 23, 1916 (28) B. B. Perry 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.