

(1) PLACE OF BIRTH

County of Marion  
 Township of Marion  
 or  
 Inc. Town of .....  
 or  
 City of ..... (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 Joseph Lawrence

File No.—For State Registrar Only

32263

Registration District No. 4002A Registered No. 82  
 (For use of Local Registrar)

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH apt 15 22  
 (Named Month) (Day) (Year)

FATHER.  
 (8) FULL NAME James S. R.  
 (9) PRESENT POSTOFFICE OF FATHER Marion S. C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44  
 (Year)  
 (12) BIRTHPLACE U.S.  
 (13) OCCUPATION owner  
 (20) Number of children born to mother, including present birth 4

MOTHER.  
 (14) NAME BEFORE MARRIAGE Lezie Hughes  
 (15) PRESENT POSTOFFICE OF MOTHER Marion S. C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 44  
 (Year)  
 (18) BIRTHPLACE U.S.  
 (19) OCCUPATION Domestic  
 (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 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) W. W. Fairbanks M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Marion S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed apt 19 (28) W. W. Fairbanks 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.