

(1) PLACE OF BIRTH

County of UnionTownship of Bogersvilleor
Inc. Town of St. Co.
orCity of St. Co. (No.) St.; Ward)
(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

44868

Registered No. 5-0
(For use of Local Registrar)(2) Full Name of Child Sarra Lawson { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 21, 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harley Lawson(9) PRESENT POSTOFFICE OF FATHER Union St. Rt 2(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Union St. Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Humphreys(15) PRESENT POSTOFFICE OF MOTHER Union Rt 2(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Union St. Co.(19) OCCUPATION House keeper(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 5 P M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) S. F. Mosley(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Union Rt 2

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Dec 25 1915 (28) Local Registrar S. F. Mosley

*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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Form No. 10.
MARGIN RESERVED FOR INDEXING. RECORD.
WHITE PLAINLY, WITH ENLARGING 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 3.