

(1) PLACE OF BIRTH

County of Colleton
 Township of Proctor
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17292

Registration District No. 1408Registered No. 22
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Leon Lawton

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 8 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 6, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leon Lawton
 (9) PRESENT POSTOFFICE OF FATHER Summerville
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE Summerville
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 18

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Jones
 (15) PRESENT POSTOFFICE OF MOTHER Summerville
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41 (Years)
 (18) BIRTHPLACE Summerville
 (19) OCCUPATION Housekeeping
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:15 P. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Summerville

Given name added from a supplemental report

(26) Witness

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

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Registrar(27) Filed June 15, 1923(28) 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.