

(1) PLACE OF BIRTH

County of CharlestonTownship of CharlestonInc. Town of CharlestonCity of Charleston

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

3230

Registration District No. 9-A Registered No. 328
 (For use of Local Registrar)(No. 87 Cannon St.)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Alma Frances Lawrence

(a) SEX OF CHILD <u>Girl</u>	(b) Type of Birth <u>Yes</u> To be entered only in case of Twin or Triplet	(c) Day of Birth <u>26</u>	(d) Month of Birth <u>10</u>	(e) Year of Birth <u>1923</u>
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FATHER. (a) NAME <u>Walter J. Lawrence</u> (b) PRESENT RESIDENCE <u>Charleston</u> (10) COLOR <u>Negro</u> (11) AGE AT LAST BIRTHDAY <u>34</u> (12) BIRTHPLACE <u>Charleston, S.C.</u> (13) OCCUPATION <u>Appholsterer</u> (14) Number of children born to mother, including present one <u>6 (Six)</u>		MOTHER. (10) NAME BEFORE MARRIAGE <u>Lillian E. Mitchell</u> (11) PRESENT RESIDENCE <u>Charleston</u> (12) COLOR <u>Negro</u> (13) AGE AT LAST BIRTHDAY <u>36</u> (14) BIRTHPLACE <u>Charleston, S.C.</u> (15) OCCUPATION <u>Dressmaking</u> (16) Number of children of this mother now living, including present one <u>6 (Six)</u>	
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(18) I hereby certify that I attended the birth of this child, who was Alive on the date above stated.
 (19) (Signature) Alma Lawrence (Date of Birth) 1923(20) State whether Midwife (21) Address of Physician or Midwife 2014 Sumner

Given name added from a supplemental report	(22) Witness (Signature of Witness necessary only when question 23 is signed by mark)
	(23) Filed <u>2/20/23</u> (24) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

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