

## (1) PLACE OF BIRTH

County of Laurin

Township of .....

Inc. Town of .....

City of Laurin

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

## (2) Full Name of Child

Scott W. Lawler

3) BOY OR GIRL

Boy

4) Twin or Triplet

Single

5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

July 15 1923

(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

Scott W. Lawler

9) PRESENT POSTOFFICE OF FATHER

Laurin, S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

26

12) BIRTHPLACE

Black Creek S.C.

13) OCCUPATION

Storekeeper

20) Number of children born to mother, including present birth

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ellen Hewitt

(15) PRESENT POSTOFFICE OF MOTHER

Laurin S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

21

(18) BIRTHPLACE

Black Creek

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3:45 P. M. on the date above stated. (If stillborn, state so.)

(23) (Signature)

Chas. H. H. H.

(24) State whether Physician or Midwife

Physician

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed

July 15 1923

(27)

Chas. H. H. H.

Local Registrar

Registrar

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.