

## (1) PLACE OF BIRTH

County of CharlottesvilleTownship of 16or  
Inc. Town of                     or  
City of                     

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 835Registration District No. 17.0.1 Registered No. 2

(For use of Local Registrar)

(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 Abraham Lauer (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>                    </u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>                    </u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 1 1923</u> (Month) (Day) (Year)
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(8) FATHER. (9) FULL NAME <u>Eddie Lauer</u>		(10) MOTHER. (11) NAME BEFORE MARRIAGE <u>Annie Bell Lauer</u>	
(12) PRESENT POSTOFFICE OF FATHER <u>Charlottesville R.</u>		(13) PRESENT POSTOFFICE OF MOTHER <u>Charlottesville S.C.</u>	
(14) COLOR OR RACE <u>Col</u>	(15) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(18) BIRTHPLACE <u>Charlottesville</u>		(19) BIRTHPLACE <u>S.C.</u>	
(20) OCCUPATION <u>Tanner</u>		(21) OCCUPATION <u>Domestic</u>	
(22) Number of children born to mother, including present birth <u>3</u>		(23) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour A. M. or P. M.)(25) (Signature) Annie Lauer

(26) State whether Physician or Midwife (27) Address of Physician or Midwife

Midwife Charlottesville

Given name aided from a supplemental report

(28) Witness (Signature of Witness necessary only when question 24 is signed by mother)

(29) Filed Jan 6 1923 (30) Ed. Early Local Registrar

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