

(1) PLACE OF BIRTH

County of Union
Township of Yonahville
or
In. Town of

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

No. for this registration
37880 X

Registration District No. 4249. Registered No. 53.....
(For use of Local Registrar)

City of (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 Carol Kelly Lawson If child is not yet named, make supplemental report as directed

(3) SEX Male Female (4) TIME OF BIRTH 11:20 (5) DATE OF BIRTH Nov 21 1925
(Name of Month) (Day) (Year)

FATHER.
(6) NAME Oright Lawson
(7) RESIDENT ADDRESS OF FATHER High Point, N.C.
(8) COLOR OR HAIR w (9) AGE AT LAST BIRTHDAY 25 (Year)
(10) BIRTHPLACE N.C.
(11) OCCUPATION Teacher
(12) Number of children born to mother, including present child 1

MOTHER.
(13) NAME Annae Beeis
(14) RESIDENT ADDRESS OF MOTHER High Point, N.C.
(15) COLOR OR HAIR w (16) AGE AT LAST BIRTHDAY 25 (Year)
(17) BIRTHPLACE N.C.
(18) OCCUPATION D-
(19) Number of children of the mother now living, including present child 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was ... at J. H. M.
on the date above stated. (Signature) (Sex A. M. or F. M.)

(21) (Signature) [Signature] (22) Address of Physician or Midwife

Give name added from a supplemental report

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

(24) Filed 19 (25) Local Registrar Mrs. Ida L. [Signature]

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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