

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40.3

No. 2887

Registered No. 7
(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

Mervin Lawrence

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

(3) SEX

(4) Twin or Triplet

(5) Number in order of birth

(6) Age at birth

(7) DATE OF BIRTH

FATHER.

(8) FULL NAME

Clarence Lee Lawrence

(9) PRESENT POSTOFFICE OF FATHER

Bamberg, S.C.

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

24 (Years)

(12) BIRTHPLACE

Bamberg, S.C.

(13) OCCUPATION

farmer

(14) Number of children born to mother, including present birth

1 2

MOTHER.

(14) NAME BEFORE MARRIAGE

Alfain Bergant

(15) PRESENT POSTOFFICE OF MOTHER

Bamberg, S.C.

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

24 (Years)

(18) BIRTHPLACE

Bamberg, S.C.

(19) OCCUPATION

domestic

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

1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) SIGNED

2/18

1923

(27)

Attest

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 stillbirths before the fifth month of pregnancy.