

(1) PLACE OF BIRTH

County of Charleston
 Township of Makee
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32250

Registration District No 400210 Registered No. 79
 (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 Bathory Elizabeth Lawler (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 24, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul O. Lawler
 (9) PRESENT POSTOFFICE OF FATHER Makee, S.C.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 20 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION driver
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth O. Sullivan
 (15) PRESENT POSTOFFICE OF MOTHER Makee S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION domestic
 (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 born alive at 1:30 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) W. W. Lawler

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed OK 19 10 (28) W. W. Lawler 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.