

(1) PLACE OF BIRTH

County of Bamberg
 Township of Buford Bridge
 or
 Inc. Town of Clasie
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3134

Registration District No. 401 Registered No. 18
 (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 Margaret Lawton (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 25 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Lawton
 (9) PRESENT POSTOFFICE OF FATHER Clasie
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 34
 (Years)
 (12) BIRTHPLACE Se
 (13) OCCUPATION farming
 (20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Bannah Daniels
 (15) PRESENT POSTOFFICE OF MOTHER Clasie
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 28
 (Years)
 (18) BIRTHPLACE Se
 (19) OCCUPATION farming
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hanson Matheny
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Clasie

Given name added from supplemental report

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

(27) Filed Mar 1 1922 (28) J. E. Bennett 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.

MAIDEN RETURN FOR BIRTH. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE RETURN FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 8.