

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Laurens STATE OF SOUTH CAROLINA.

Township of Laurens Bureau of Vital Statistics

or Inc. Town of State Board of Health

City of Registration District No. 2401 Registered No. 651
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Franklin Mison Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 6
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Franklin Mison

(9) PRESENT POSTOFFICE OF FATHER Furman

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
(Years)

(12) BIRTHPLACE Furman

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Edna E. Dykes

(15) PRESENT POSTOFFICE OF MOTHER Furman

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE Barnwell Co

(19) OCCUPATION Housewife

(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 at 5 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Robert F. Mison

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Father, Furman

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed 1728 1915 (28) W. P. Lee 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.