

## (1) PLACE OF BIRTH

County of Union  
 Township of Daytonville

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

53972

Registration District No. 4701 Registered No. 8  
 (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 Olivia Hartwell Lawson 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 Mar 28 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME H. L. Lawson

(9) PRESENT POSTOFFICE OF FATHER Pauline

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Union Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Hart

(15) PRESENT POSTOFFICE OF MOTHER Pauline

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE Union

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was female at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) (Mrs.) Annie Lancaster

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

W. B. 1916  
Chenille  
Super Registrar

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

(27) Filed March 29 1916 (28) A. B. Lancaster 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.