

Form No. 1.

(1) PLACE OF BIRTH

County of *Greenwood*

Township of *Greenwood*

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

64655

Registration District No. *2306*

Registered No. *94*
(For use of Local Registrar)

(2) Full Name of Child *Dorothy J. Lawrence*
(If birth occurs in a hospital or other institution give name of same instead of street and number.)
St.; _____ Ward _____
If child is not yet named, make supplemental report as directed

(3) BOY GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twin or Triplets</small>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>June 27, 1916</i> (Name of Month) (Day) (Year)
FATHER:		MOTHER:		
(8) FULL NAME <i>William Eck Lawrence</i>	(14) NAME BEFORE MARRIAGE <i>Annie Augustin Davis</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>P. O. L. F. D.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>P. O. L. F. D.</i>			
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>35</i> (Years)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>35</i> (Years)	
(12) BIRTHPLACE <i>Greenwood Co.</i>	(18) BIRTHPLACE <i>Greenwood Co.</i>			
(13) OCCUPATION <i>Farmer</i>	(19) OCCUPATION <i>Domestic</i>			
(20) Number of children born to mother, including present birth <i>10th</i>	(21) Number of children of this mother now living, including present birth <i>8</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* on the date above stated.
(For slave or stillborn)

(23) (Signature) *D. J. [Signature]* (M. or P. M.)
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
Nov. 11, 1916
[Signature]
Registrar

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

(27) Filed *July 10, 1916* (28) *[Signature]*
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.

MARGIN RESERVED FOR BINDING. WHEN SPARINGLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.