

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		FILE NO. FOR THIS RECORD	
County of <u>York</u>		STATE OF SOUTH CAROLINA		5551	
Township of <u>King's Mtn.</u>		Bureau of Vital Statistics			
or Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <u>44.0.7</u>		Registered No. <u>115</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Sean Margaret Lawrence</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>2</u>	(6) Sex <u>female</u>	(7) DATE OF BIRTH <u>Feb. 12, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>C. P. Lawrence</u>			(14) NAME BEFORE MARRIAGE <u>Pearl Sharp</u>		
(9) PRESENT POST OFFICE OF FATHER <u>Fitchburg 28</u>			(15) PRESENT POST OFFICE OF MOTHER <u>Bilbush 2</u>		
(10) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>		
(11) AGE AT LAST BIRTHDAY <u>34</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>32</u> (Year)		
(12) BIRTHPLACE <u>York Co</u>			(18) BIRTHPLACE <u>York Co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>housewife</u>		
(20) Number of children born to mother, including present birth <u>13</u>			(21) Number of children of this mother now living, including present birth <u>13</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was..... on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. H. Hays</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Clinton 28</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)		
<u>Janice J. Jurey</u>			<u>W. H. Hays</u>		
<u>May 2, 1923</u> Registrar			(27) Filed <u>4-9-23</u> (28) <u>W. H. Hays</u> 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.

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