

(1) PLACE OF BIRTH

County of Allendale
 Township of "
 or
 Inc. Town of Allendale
 or
 City of "

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

2904

Registration District No. 4600 Registered No. 13
 (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 Christoph Lawton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 3, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leotique Lawton
 (9) PRESENT POSTOFFICE OF FATHER Allendale S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Public Labor
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Leotique Bryan
 (15) PRESENT POSTOFFICE OF MOTHER Allendale S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Home Labor
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lizzie K. Blum(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Allendale S.C.

Given name added from a supplemental report

(26) Witness F. H. Boyd, M.D.

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

(27) Filed Feb. 3, 1922(28) F. H. Boyd, M.D.

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.