CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
47580

(1) PLACE OF BIRTH

County of Union

Township of Boggansville

or

Inc. Town of ..... Registration District No. 42B Registered No. 2
(For use of Local Registrar)

or

City of Buffalo S.C. (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. Elsmore Lawson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan. 3 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lawrence E. Lawson

(9) PRESENT POSTOFFICE OF FATHER Buffalo S.C

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Union Co. S.C

(13) OCCUPATION Mill work

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

MOTHER.

(14) NAME BEFORE MARRIAGE Molly Wright

(15) PRESENT POSTOFFICE OF MOTHER Buffalo S.C

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Anson Co N.C.

(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 born alive at 930 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Dalley

(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Buffalo S.C

Given name added from a supplemental report March 22, 1916.
E. W. Mullet
Registrar

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

(27) Filed Jan 31 1916. (28) Fred L. Woodward
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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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

McCaw, of Columbia