

## (1) PLACE OF BIRTH

County of ChesterTownship of Highland

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ferrell D. LauerRegistered No. ....  
(For use of Local Registrar)

(3) SEX OF CHILD <u>Boy</u>	(4) AGE OF CHILD <u>24</u>	(5) DATE OF BIRTH <u>Jan 29 1923</u>
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(6) FULL NAME OF FATHER <u>Howard Lauer</u>	(7) FULL NAME OF MOTHER <u>Landricholson</u>
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(8) PRESENT ADDRESS OF FATHER <u>Freeland St</u>	(9) PRESENT ADDRESS OF MOTHER <u>Freeland St</u>
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(10) COLOR OF FATHER <u>White</u>	(11) AGE AT LAST BIRTH OF FATHER <u>29</u>	(12) COLOR OF MOTHER <u>White</u>	(13) AGE AT LAST BIRTH OF MOTHER <u>18</u>
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(14) BIRTHPLACE OF FATHER <u>S. C.</u>	(15) BIRTHPLACE OF MOTHER <u>S. C.</u>
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(16) OCCUPATION OF FATHER <u>Farming</u>	(17) OCCUPATION OF MOTHER <u>House-keeping</u>
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(18) Number of children born to mother, including present birth <u>11</u>	(19) Number of children of this mother now living, including present birth <u>11</u>
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STATEMENT OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, was with the mother on the date above stated.

(21) (Signature) O. J. Jones  
(22) State whether Physician or Midwife Midwife  
(23) Address of Physician or Midwife Freeland

Given name added from a supplemental report

(24) Witness .....  
(25) Signature of Witness, necessary only when question 23 is signed by mother

(26) Date 1/30 1923 (27) Local Registrar's Signature [Signature]

\*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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