

(1) PLACE OF BIRTH

County of Marion  
Township of Marion  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH

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

Registration District No. 3301

No. 1580  
For Date Register Only

Registered No. 21  
(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 Lawrence William

1. BOY OR GIRL Boy  
2. Sex or Triplet  
3. Number in order of birth  
To be answered only in event of Twins or Triplets

4. Age Parents Married 4 1/2  
5. DATE OF BIRTH June 2, 1910

6. FULL NAME Lawrence William  
7. PRESENT POSTOFFICE OF FATHER Marion  
8. COLOR OR RACE White  
9. BIRTHPLACE Marion  
10. OCCUPATION Farmer  
11. AGE AT LAST BIRTHDAY 21  
12. Number of children born to mother, including present birth 2

13. NAME BEFORE MARRIAGE Lawrence  
14. PRESENT POSTOFFICE OF MOTHER Marion  
15. COLOR OR RACE White  
16. BIRTHPLACE Marion  
17. OCCUPATION Farmer  
18. AGE AT LAST BIRTHDAY 21  
19. Number of children of this mother and father, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Marion on the date above stated.

(23) (Signature) Lawrence  
(24) Date when signed June 2, 1910  
(25) Address of Physician or Midwife Marion

Give name added above a supplemental and original

Signature of Witness necessary only if question 23 is signed by mother  
23 - Mrs. J. W. Par

When there were no attendants, a midwife should make the return.

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