

## (1) PLACE OF BIRTH

County of Newberry  
 Township of No. 4  
 or  
 Inc. Town of Whitmers  
 or  
 City of .....

# CERTIFICATE OF BIRTH

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

Registration District No. 3401

File No.—For State Registrar Only  
4675

Registered No. 14  
 (For use of Local Registrar)

(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 Lawrence Jones (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 — (6) Are Parents Married? Yes (7) DATE OF BIRTH 2/8/23  
 (Name of month) (Day) (Year)

FATHER  
 (8) FULL NAME App Jones  
 (9) PRESENT POSTOFFICE OF FATHER Whitmers, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Year)  
 (12) BIRTHPLACE Hawkins Co., Tenn.  
 (13) OCCUPATION Cotton mill operative

MOTHER  
 (14) NAME BEFORE MARRIAGE Lula Galloway  
 (15) PRESENT POSTOFFICE OF MOTHER Whitmers, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Year)  
 (18) BIRTHPLACE Hawkins Co., Tenn.  
 (19) OCCUPATION Domestic  
 (20) Number of children born to mother, including present birth 3  
 (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 born alive at 10:30 AM.  
 on the date above stated. (Born alive or stillborn) (Day A. M. or P. M.)

(23) (Signature) William B. Thomas (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Whitmers, S.C.

(Give name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 2/10/23 (28) 12/10/23 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 INK—THIS IS A PERMANENT RECORD. DO NOT WRITE IN PENCIL OR IN RED INK. DO NOT WRITE IN BOLD OR CURVED LETTERS. DO NOT WRITE IN CAPITALS OR ALL CAPS. DO NOT WRITE IN SMALL CAPITALS OR SMALL CAPS. DO NOT WRITE IN UPPER CASE OR LOWER CASE. DO NOT WRITE IN MIXED CASE. DO NOT WRITE IN ALL CAPS. DO NOT WRITE IN SMALL CAPITALS OR SMALL CAPS. DO NOT WRITE IN UPPER CASE OR LOWER CASE. DO NOT WRITE IN MIXED CASE.