

(1) PLACE OF BIRTH

County of WindsburgTownship of Lawe

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only
22861Registration District No. 4301Registered No. 51

(For use of Local Registrar)

(2) Full Name of Child Mag Lawson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

July 22-1923
(Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME

Jim Lawson

(9) PRESENT POSTOFFICE OF FATHER

Lawes, S. C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

42
(Years)

(12) BIRTHPLACE

Windsburg Co. S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Mag Nelson

(15) PRESENT POSTOFFICE OF MOTHER

Lawes, S. C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

39
(Years)

(18) BIRTHPLACE

Windsburg Co. S.C.

(19) OCCUPATION

Farm Laborer

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

15

(21) Number of children of this mother now living, including present birth

15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline June

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Lawes S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 28-1923

(28)

A. R. Moreley
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.