

MAKING REGISTERED FOR BIRTHING.
WHICH PLACING, WITH UNLESSING IN—THIS IS A PERMANENT RECORD.
N. B.—In case of twins or triplets use a separate blank for each child, and mark the
FIRSTBORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Fairfield Co.

Township of 8

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.)

(2) Full Name of Child

Richard Lawhorn

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

(3) BOY OR GIRL Bo (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 23 1921
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James Lawhorn
(9) PRESENT POSTOFFICE OF FATHER Ridgeway S. C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Fairfield Co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 8

MOTHER.
(14) NAME BEFORE MARRIAGE Lula Adams
(15) PRESENT POSTOFFICE OF MOTHER Ridgeway S. C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Fairfield Co.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Jones
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ridgeway 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 1921 (28) 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.