

(1) PLACE OF BIRTH

County of WinnickTownship of Bethanyor
Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

8403

Registration District No. 4505Registered No. 31
(For use of Local Registrar)

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 Perry Lawton
If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy
(4) Twin or Triplet? 1
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Oct 12 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Robert C. Lawton(9) PRESENT POSTOFFICE OF FATHER Bordeaux(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Matthie Lawton

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 6 P.M. on the date above stated. (born alive or stillborn) (hour & minute)(23) (Signature) S. T. Cade

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Mar 10 22(28) Place P.O. Mathies

(29) 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 stillbirth before the fifth month of pregnancy.