

(1) PLACE OF BIRTH

County of Spokane

Township of Clear Spring

or  
Inc. Town of

or  
City of

(If birth occurs in a hospital or

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

87501

Registration District No. 4005 Registered No. 101  
(For use of Local Registrar)

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

(2) Full Name of Child Miriam Dora Lawrence

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 14 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Clend Lawrence  
(9) PRESENT POSTOFFICE OF FATHER Pauline T  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE D.C.  
(13) OCCUPATION Farm  
(20) Number of children born to mother, including present birth 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Virginia Lawrence  
(15) PRESENT POSTOFFICE OF MOTHER Pauline T  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE D.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Pauline T (Born alive or stillborn). (Hour 11 A.M. or P.M.)

(23) (Signature) Phy - (24) State whether Physician or Midwife (25) Address of Physician or Midwife Clear Spring

Given name added from a supplemental report  
....., 191.....  
.....  
Registrar

(26) Witness Signature of Witness necessary only when question 23 is signed by mark  
Nov 20 1916 (27) Filed (28) J C White 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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