

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MACAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Garfield
 Township of
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

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

Registration District No. 1907 Registered No. 103
 (For use of Local Registrar)

File No.—For State Registrar Only
42250

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 9, 22</u> (Name of Month) (Day) (Year)
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FATHER.
 (3) FULL NAME Richard Lawhorn
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE W
 (11) AGE AT LAST BIRTHDAY 22
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Eleanor Lawhorn
 (15) PRESENT POSTOFFICE OF MOTHER
 (16) COLOR OR RACE W
 (17) AGE AT LAST BIRTHDAY 17
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION
 (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 alive at M., on the date above stated.
 (If born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha James
 (24) State whether Physician or Midwife midwife
 (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
12/12/22 (27) S. C. Steen
 Registrar 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.