

(1) **PLACE OF BIRTH**

County of Dorchester

Township of .....

Inc. Town of St. George S.C.

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

Registration District No. 17.D.3

File No. — For State Registrar Only

**3687**

Registered No. 25  
(For use of Local Registrar)

(2) **Full Name of Child** Do not know

3. **BOY OR GIRL?** Boy (4) **Twin or Triplet?** 1 (5) **Number in order of birth** 1 (6) **Are Parents Married?** Yes (7) **DATE OF BIRTH** Jan 26, 1923  
(If child is not yet named, make supplemental report as directed)

**FATHER.**  
8. **FULL NAME** Lawton Anthony  
9. **PRESENT POSTOFFICE OF FATHER** Beaufort S.C.  
10. **COLOR OR RACE** White (11) **AGE AT LAST BIRTHDAY** 40 (Years)  
12. **BIRTHPLACE** Beaufort  
13. **OCCUPATION** Farmer

**MOTHER.**  
14. **NAME BEFORE MARRIAGE** Bell Ingraham  
15. **PRESENT POSTOFFICE OF MOTHER** Beaufort S.C.  
16. **COLOR OR RACE** White (17) **AGE AT LAST BIRTHDAY** 32 (Years)  
18. **BIRTHPLACE** Beaufort  
19. **OCCUPATION** House wife

20. **Number of children born to mother, including present birth** 13

(21) **Number of children of this mother now living, including present birth** 13

## **CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(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) Filed

(28) [Signature] 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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