

FORM NO. 1.

(1) PLACE OF BIRTH

County of FairfieldTownship of X 9or
Inc. Town ofor
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

File No. — For State Registrar Only

46137

Registration District No. 1908 Registered No. 3
(For use of Local Registrar)(2) Full Name of Child Pesant Lawson

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? X
Take reported only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Jan. 22 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard Johnston(9) PRESENT POSTOFFICE OF FATHER Rockton S.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 57
(Years)(12) BIRTHPLACE Rockton S.C.(13) OCCUPATION Farm laborer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Florence Lawson(15) PRESENT POSTOFFICE OF MOTHER Rockton S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Rockton(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 born dead at 12 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eloise Moore(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Rockton S.C.

Given name added from a supplemental report

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Registrar(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan. 24 1914 (28) D. L. Puff 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
McCauley, of Columbia