

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 Plesant Lawson

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

(3) BOY OR
GIRL? Boy(4) Twin
or Triplet? X

Take answered 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 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 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 supplement
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