

(1) PLACE OF BIRTH

County of Lexington

Township of

or Town of Lucasville

or City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4913

Registration District No. 3107 Registered No. 9
(For use of Local Registrar)City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Brooks Lawrence If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>3</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Jan 4 1922</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
8) FULL NAME <u>Harvey Etheridge</u>	14) NAME BEFORE MARRIAGE <u>Pelle Wright</u>	9) PRESENT POSTOFFICE OF FATHER <u>Lucasville S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Lucasville S.C.</u>
10) COLOR OR RACE <u>Negro</u>	11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	16) COLOR OR RACE <u>Negro</u>	17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
12) BIRTHPLACE <u>S.C.</u>	18) BIRTHPLACE <u>S.C.</u>	13) OCCUPATION <u>Day Laborer</u>	19) OCCUPATION <u>Ann</u>
20) Number of children born to mother, including present birth <u>3</u>	21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 8:30 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Jas. Crosson</u>	(25) Address of Physician or Midwife <u>Lucasville S.C.</u>
(24) State whether Physician or Midwife	

Given name added from a supplemental report <u>24-43</u>	(26) Witness (Signature of Witness necessary only when question 23 is signed by parent) <u>R. O. Glueck</u>
(27) Filed <u>Jan 10 1922</u> 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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NATALIN ALBERTS' RED FOIL ARMBANDS
 WHITE PLAINLY, WITH UNFADING ENGLISH IN A PROMINENT POSITION
 IN CASE OF TWINNING THE CHILDREN USE A SEPARATING PLAIN FOIL ARMBAND
 PRINTED-HORN, No. 1 THIS OFFICE, No. 2, etc. in question 8.
 Made in Columbia, Columbia, S. C.