

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29184

1307

County of

Township of

Inc. Town of

City of

Registration District No. 9 A Registered No. 1307

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ellanara Lawrence If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 11 1911
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Henry Lawrence(14) NAME BEFORE MARRIAGE Mary Estling(9) PRESENT POSTOFFICE OF FATHER Charleston(15) PRESENT POSTOFFICE OF MOTHER Charleston(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45 (Years)(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 14 (Years)(12) BIRTHPLACE Charleston(18) BIRTHPLACE Charleston(13) OCCUPATION Farmer(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1(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 Mary at 11:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna C. Gibson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 408 Burnside

Given name added from a supplemental report

(26) Witness J. M. Green (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 9/13/11 (28) J. M. Green Local Registrar

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.

Registrar

Corrected NOV 2