

## (1) PLACE OF BIRTH

County of GreenvilleTownship of GreenvilleInc. Town of Simpsonville

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 200

File No. - For State Registrar Only

3997

Registered No. 16  
(For use of Local Registrar)(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 Lauris Mable Lawson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Feb 10, 1923  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lauris B. Lawson(9) PRESENT POSTOFFICE OF FATHER Simpsonville(10) COLOR OR RACE W - (11) AGE AT LAST BIRTHDAY 28 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth

## MOTHER.

(15) NAME BEFORE MARRIAGE Mable Lucile Potts(16) PRESENT POSTOFFICE OF MOTHER Simpsonville(17) COLOR OR RACE W - (18) AGE AT LAST BIRTHDAY 22 (Year)(19) BIRTHPLACE S.C.(20) OCCUPATION Nurse(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated. (Born alive or stillborn Hour M. or P. M.)(23) (Signature) M. C. Smith

(24) State whether Physician or Midwife

(25) Address of Phys. Simpsonville

(When name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed March 10, 1923(28) Local Registrar L. L. Richardson

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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