

(1) PLACE OF BIRTH

County of Cabernet.....Township of Warner.....

or

Inc. Town of.....

or

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

27926

Registration District No. 1410Registered No. 62

(For use of Local Registrar)

(No. LAWREN St.; 62 Ward)(2) Full Name of Child John Marion Lawren

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

(3) BOY OR GIRL boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth 3(6) Are Parents Married yes(7) DATE OF BIRTH July 26, 1923

(Month) (Day) (Year)

FATHER. LAWREN(8) FULL NAME Joseph Clyde Lawren(9) PRESENT POSTOFFICE OF FATHER Smouss S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 23

(Year)

(12) BIRTHPLACE S.C.(13) OCCUPATION Saboner(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Clanton(15) PRESENT POSTOFFICE OF MOTHER Smouss S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 29

(Year)

(18) BIRTHPLACE Marley H.C.(19) OCCUPATION Housewife(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 at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) E. S. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Smouss S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed not(28) 10(29) R. M. Kelsey 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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