

(1) PLACE OF BIRTH

County Granville

Township of

Inc. Township

City of Granville

(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

No. for this Report

24540

Registration District No. 220Registered No. 432

(For use of Local Registrar)

(2) Full Name of Child Lawrence

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

(3) BOY OR GIRL 7

(4) Twin or higher

(5) Number in order of birth

(6) Sex 2

(7) DATE OF BIRTH

Aug 24 23FATHER Wm. WhitakerMOTHER Elizabeth(8) PRESENT RESIDENCE OF FATHER City(9) PRESENT RESIDENCE OF MOTHER Granville(10) COLOR OF FATHER W(11) AGE AT LAST BIRTHDAY 26(12) BIRTHPLACE OF FATHER City(13) COLOR OF MOTHER W(14) AGE AT LAST BIRTHDAY 23(15) OCCUPATION Merchant(16) BIRTHPLACE OF MOTHER Granville(17) OCCUPATION House wife(18) Number of children born to mother, including present birth 1(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Alternative or stillborn) (Hour 3 P.M.)(21) (Signature) Wm. Whitaker

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

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

(25) Signed Sept 1 1923 (26) C. E. Smith 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.

fifth month of pregnancy