(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
3118

County of Charleston

Township of ...

or Inc. Town of Fort Moultrie

or City of Charleston S.C.

Registration District No. 99 Registered No. .....
(For use of Local Registrar)

(No. Sta. 7013 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 Catherine Cecila Lawler. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Girl | (4) Twin or Triplet? | (5) Number in order of birth: True | (6) Are Parents Married? Yes | (7) DATE OF BIRTH: Feb 13 1918 (Month) (Day) (Year)

(To be answered only in event of Twins or Triplets)

FATHER

(8) FULL NAME: William Wallace Lawler.

(9) PRESENT POSTOFFICE OF FATHER: Fort Moultrie S.C.

(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 27 (Years)

(12) BIRTHPLACE: Howard Town.

(13) OCCUPATION: Soldier U.S. Robbermarks.

(20) Number of children born to mother, including present birth: One

MOTHER

(14) NAME BEFORE MARRIAGE: Catherine Frances Conrad

(15) PRESENT POSTOFFICE OF MOTHER: Fort Moultrie S.C.

(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Coblenz, Germany

(19) OCCUPATION: Housework.

(21) Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:45 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) William Carlisle MD

(24) State whether Physician or Midwife: Physician (25) Address of Physician or Midwife: Fort Moultrie Charleston S.C.

A.M. Bidwell.

(Given name added from a supplemental report)

..... 19 .....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed ..... 19 .... (28) .....
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.

MARGIN RESERVED FOR BINDING.

WHERE PRACTICABLE, WITH UNCERTAIN SPELLING—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark (1) "TWIN-Girl, No. 1" or "TRIPLET-Girl, No. 2," etc., in question 4.

Form of Certificate, Colonial Series 5