

## (1) PLACE OF BIRTH

County of Lainfield.....Township of Ridgeway.....

Inc. Town of.....

(City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

24332

Registration District No. 1904 Registered No. 53  
(For use of Local Registrar)

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

(2) Full Name of Child Rosevelt Lawrence

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

(3) S. or GIRL? Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 23, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm. S. Lawrence(9) PRESENT POSTOFFICE OF FATHER Ridgeway(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 33  
(Year)(12) BIRTHPLACE Fairfield(13) OCCUPATION Farming(14) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Sara Graham(15) PRESENT POSTOFFICE OF MOTHER Ridgeway(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30  
(Year)(18) BIRTHPLACE Fairfield(19) OCCUPATION Farming(20) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was live at 2 M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Harry Cook

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Midwife Ridgeway

Given name added from a supplemental report

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

(26) Filed Aug. 29, 1923 (27) J. E. Stotter  
Registrar 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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