No. 1.

(1) PLACE OF BIRTH

County of Newberry

Township of #3

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 3409

File No.—For State Registrar Only

4699-C

Registration District No. 3811

Registered No. 8

(For use of Local Registrar)

(No. ..... St.) ..... Ward)

(2) Full Name of Child Jack 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) If Legitimate	(7) Date of Birth
Boy				January 27 1943

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

(Month) (Day) (Year)

FATHER.

(8) FULL NAME: Jack Lawson

(9) PRESENT POSTOFFICE OF FATHER: Newberry S.C.

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

(12) BIRTHPLACE: Jalapa S.C.

(13) OCCUPATION: Farming

(20) Number of children born to mother, including present birth: 4

MOTHER.

(14) NAME BEFORE MARRIAGE: Lacy Dantzler

(15) PRESENT POSTOFFICE OF MOTHER: Newberry S.C.

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

(18) BIRTHPLACE: Jalapa S.C.

(19) OCCUPATION: House Wife

(21) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive ✓ at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laurie L. Graham

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Newberry S.C. R 7 D # 3

Given name added from a supplemental report

..... 19 .....

Registrar

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

(27) Filed Jan 1 1943 (28) J. B. Mellon 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