

## (1) PLACE OF BIRTH

County of Darlington

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Elio No. For State Registrar Only

3870

Township of .....

Inc. Town of Montrose S.C.

City of .....

(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Frederick Lamar Pawlows

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? ☒(5) Number in order of birth 1(6) Are Parents Married? ☒(7) DATE OF BIRTH July 6, 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Frederick Lamar Pawlows(9) PRESENT POSTOFFICE OF FATHER Hartsville S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 36

(Years)

(12) BIRTHPLACE N.C.(13) OCCUPATION Book Keeper(14) Number of children born to mother, including present birth 4

## MOTHER

(14) NAME BEFORE MARRIAGE May Johnston Parn(15) PRESENT POSTOFFICE OF MOTHER Hartsville S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 29

(Years)

(18) BIRTHPLACE Darlington Co(19) OCCUPATION House(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 born at 6:30 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. L. Parn(24) State whether Physician or Midwife MD(25) Address of Physician or Midwife Hartsville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 24, 1922

191

(28)

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(36)

(37)

(38)

(39)

(40)

Registrar

Local Registrar

When there was no attending physician or midwife, then the father, household, 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.