

(1) PLACE OF BIRTH

County of McComick
 Township of Barclay
 or
 Inc. Town of _____
 or
 City of _____

Registration District No. 4500

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

File No. — For State Registrar Only

8404

Registered No. 32

(For use of Local Registrar)

St. _____ Ward _____

(2) Full Name of Child Jimmie Lawton

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1
 To be answered only in event of Twin or Triplet

(6) Age Yes Parous Married?

(7) DATE OF BIRTH Feb 26 22
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Thomas Lawton(9) PRESENT POSTOFFICE OF FATHER McComick(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Susie Lindley

(15) PRESENT POSTOFFICE OF MOTHER _____

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.(23) (Signature) S. A. Cade

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given; name added; from a supplemental report

(26) Witness

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

(27) Date Mar 10 22

(28) Local Registrar

Registrar

When there was no attending physician or midwife, then the father, householder, etc. should make the report. 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.