

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

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

File No.—For State Registrar Only

92016

Registration District No. 4107 Registered No. 129

(For use of Local Registrar)

2) Full Name of Child Lawrence Doberson { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>1</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Dec. 22</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Peaw Doberson9) PRESENT POSTOFFICE OF FATHER Motts Bridge P.O.10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)12) BIRTHPLACE Sumter Co13) OCCUPATION Farmer14) Number of children born to mother, including present birth 6

MOTHER.

14) NAME BEFORE MARRIAGE Elizabeth McRay15) PRESENT POSTOFFICE OF MOTHER Motts Bridge P.O.16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)18) BIRTHPLACE Sumter Co19) OCCUPATION Housework20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alace X. Gowers

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Motts Bridge S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by a midwife)

(27) Filed 12-29 1916 (28) S. B. McGreen Local Registrar

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 required of stillbirths before the fifth month of pregnancy.

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