

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Glenn Springs  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**50500**

Registration District No. 4005 Registered No. 14  
(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 Helena Victoria Lawrence If child is not yet named, make appropriate report as directed

(3) ~~BOY OR GIRL?~~ il (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 7 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John A P Lawrence  
(9) PRESENT POSTOFFICE OF FATHER White Stone S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 62 (Years)  
(12) BIRTHPLACE Spartanburg Co S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth five

MOTHER.

(14) NAME BEFORE MARRIAGE Corrie E Beck  
(15) PRESENT POSTOFFICE OF MOTHER White Stone S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)  
(18) BIRTHPLACE Union Co S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 ..... 1 M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) S. J. D. Lawrence M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Pauline S.C.

Given name added from a supplemental report  
June 29 1916  
W. W. Miller Registrar  
W. W. Miller

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Feb 25 1916 (28) W. W. Miller 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in question 5.