

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Glenn Springs

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

File No.—For State Registrar Only

50500

Inc. Town of ..... Registration District No. 4005 Registered No. 14  
 or  
 or  
 City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hubert DeWitt 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 To be answered only in case of twins or triplets (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 ..... A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report

June 24 1916  
W. W. Miller  
Register

(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.