

(1) PLACE OF BIRTH

County of 7. Florence
 Township of Allen City
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

52185

Registration District No. 200.9 Registered No. 17
 (For use of Local Registrar)

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 Mildred Blanche Lawrence 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 (6) Are Parents Married? no (7) DATE OF BIRTH June 1 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lawrence B. Lawrence

(9) PRESENT POSTOFFICE OF FATHER Allen City, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE La. S.C.

(13) OCCUPATION Lawyer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mildred G. Gustafson

(15) PRESENT POSTOFFICE OF MOTHER Allen City, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Allen City, S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

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) Phy. M. D.

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

Phy. Large City, S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed 3/15 1916 (28) R. Lee Carter Local 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 desired of stillbirths before the fifth month of pregnancy.

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Form No. 10. AS SEVEN SEPARATE FORMS REQUIRED. WITH ONE-ASSIGNING INC.—THIS IS A PERMANENT RECORD. FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 2. City of Columbia.