

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
In each case of twin or tripletts use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. - For State Registrar Only	
County of <u>Catharine</u>		STATE OF SOUTH CAROLINA		84549	
Township of <u>Amelia</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>500</u>		Registered No. <u>149</u>	
or				(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 <u>Andrew Lawrence</u>					
(3) BOY OR GIRL <u>Boy</u>		(4) Twin or Triplet? <u>—</u>		(5) Number in order of birth <u>1</u>	
		No. born was only one of twins or triplets		(6) Are Parents Married? <u>Yes</u>	
				(7) DATE OF BIRTH <u>Nov. 9, 1916</u>	
				(Name of Month Day Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Andrew Lawrence</u>			(9) NAME BEFORE MARRIAGE <u>Eva Ann Williams</u>		
(10) PRESENT RESIDENCE <u>H. Matthews &amp; Co</u>			(11) PRESENT RESIDENCE OF MOTHER <u>H. Matthews &amp; Co</u>		
(12) COLOR OR RACE <u>Negro</u>			(13) COLOR OR RACE <u>Negro</u>		
(14) AGE AT LAST BIRTHDAY <u>37</u>			(15) AGE AT LAST BIRTHDAY <u>32</u>		
(16) BIRTHPLACE <u>South Carolina</u>			(17) BIRTHPLACE <u>South Carolina</u>		
(18) OCCUPATION <u>Iron Labor</u>			(19) OCCUPATION <u>Iron Labor</u>		
(20) Number of children born to mother, including present birth <u>19</u>			(21) Number of children of this mother now living, including present birth <u>17</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>White</u> on the date above stated. <u>9 P.M.</u> (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>Alma X. Lawrence</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>H. Matthews &amp; Co</u>					
(Given name added from a supplemental report)					
(26) Witness <u>Alma X. Lawrence</u>					
(Signature of Witness necessary only when question 25 is signed by male)					
(27) Date <u>Nov. 25, 1916</u>					
(28) <u>Alma X. Lawrence</u>					
(When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child be born alive, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.)					

FORM 33-1-16-17, GEORGIA, S. C.