

(1) PLACE OF BIRTH

County of Washington
 Township of St. Paul
 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

32252

Registration District No. 400-8Registered No. 89
(For use of Local Registrar)

(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 Margie Lawrence (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 20 1914</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Mr. Lawrence
 (9) PRESENT POSTOFFICE OF FATHER Washington St. R. C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE St. Paul
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Moore
 (15) PRESENT POSTOFFICE OF MOTHER St. Paul R. C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)
 (18) BIRTHPLACE St. Paul
 (19) OCCUPATION Domestic
 (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 born alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) W. H. Bell M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Washington St. R. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 1914

(28)

W. H. Bell M.D.
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.