

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City of Charleston

(If birth occurs in a hospital or other institution, give name of same (instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

561

Registration District No. 9ARegistered No. 142  
(For use of Local Registrar)(2) Full Name of Child Arthur Christopher Lawrence

If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 16 1904</u> (Name of Month) (Day) (Year)
---------------------------------	--	--	--	---

## FATHER.

(8) NAME August S. Clayson(9) PRESENT RESIDENCE OF FATHER 121 Chestnut St., Charleston, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION Grading Balancer(14) Number of children born to father, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Marion E. Kenguan(15) PRESENT RESIDENCE OF MOTHER 121 Chestnut St., Charleston, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE St. George, S.C.(19) OCCUPATION Wife(20) Number of children of the mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was born alive at 11:04 (M., P., or A.M.) on the date above stated. (Hour A. M. or P. M.)

(22) Signature of Physician or Midwife <u>Dr. J. M. Wilson</u>	(23) Address of Physician or Midwife <u>277 Calhoun</u>
---	--

Given name added from a supplemental report

M. B. Woodward M.D.  
Aug 15 1904  
Registrar

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

(25) Filed 2/1 22 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.

AFFIDAVIT NEXT FRAME

0919