

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. - For State Registrar Only
9554

County of York
Township of Haystack
or
Inc. Town of _____
or

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 4407 Registered No. 9
(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 Cuba Lawrence If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL girl (4) Twin or Triplet _____ (5) Number in order of birth _____ (6) Age Parents Married Yes (7) DATE OF BIRTH Feb 16 1924
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER:
(8) FULL NAME Walter Lawrence
(9) PRESENT POSTOFFICE OF FATHER Lowndes S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 64
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farm
(20) Number of children born to mother, including present birth 4

MOTHER:
(14) NAME BEFORE MARRIAGE Winn Poole
(15) PRESENT POSTOFFICE OF MOTHER Lowndes S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35
(18) BIRTHPLACE York Co
(19) OCCUPATION Newspaper
(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 _____ at _____ P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) _____ (24) Name whether Physician or Midwife Physician (25) Address of Physician or Midwife Lowndes S.C.

Given _____ and signed _____
(26) Witness (Signature of Witness necessary only when question 23 is answered) _____
(27) _____ (28) _____ Local Registrar

When this certificate is filed, the Registrar shall issue a duplicate copy to the mother, the father, the hospital, or other person, who should make this return. This certificate is not valid unless signed by the Registrar. No report is desired of stillbirths.

This form is printed by the State Registrar and is a duplicate of the form used in the State of South Carolina. It is not to be used in any other State. It is not to be used in any other State. It is not to be used in any other State.