

Form No 1.

(1) PLACE OF BIRTH

County of Georgetown  
 Township of No One  
 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  
42885

Registration District No. 2400 Registered No. 1  
 (For use of Local Registrar)

(2) Full Name of Child Jiggil Lawrence { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME John Lawrence  
 (9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)  
 (12) BIRTHPLACE Santee  
 (13) OCCUPATION Sag Woods  
 (20) Number of children born to mother, including present birth One

MOTHER  
 (14) NAME BEFORE MARRIAGE Eller Jones  
 (15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE Santee  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Georgetown on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Lawrence  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) FILED Nov 15 1915 (28) J. M. Johnson 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.

MARGIN RESERVED FOR INDEXING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 S. C. W. of Columbia