

N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
66143

County of Spartanburg
 Township of 11
 or
 Inc. Town of 11 Registration District No. 40-d Registered No. 231
 or
 City of 11 (No. 11 St.; 11 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eppie Rebecca Lawson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>6, 30, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Wm Ansel Lawson</u>	(14) NAME BEFORE MARRIAGE <u>Kentha Mae Cooper</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg SC</u>	(16) COLOR OR RACE <u>white</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	(17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	(18) BIRTHPLACE <u>Spartanburg Co.</u>	(19) OCCUPATION <u>Domestic</u>
(12) BIRTHPLACE <u>Lawson Co</u>	(13) OCCUPATION <u>mill work</u>	(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. B. Lawrence

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Spartanburg SC

Given name added from a supplemental report
 _____ 191____
 Registrar

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

(27) Filed July 1, 1916 (28) Geo. Cooper 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.