

N. B.—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.

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(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA.		66143	
Township of <u>11</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>11</u>		Registration District No. <u>40-2</u>		Registered No. <u>231</u>	
City of <u>11</u>		(No. <u>11</u>)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.; <u>11</u> Ward)			
(2) Full Name of Child <u>Eppie Rebecca Lawson</u>				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>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>6, 30, 6</u>	
				(Name of Month) (Day) (Year)	
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>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(12) BIRTHPLACE <u>Lawson Co</u>			(18) BIRTHPLACE <u>Spartanburg Co.</u>		
(13) OCCUPATION <u>mill work</u>			(19) OCCUPATION <u>Domestic</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 <u>born</u> at <u>1130</u> A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. B. Lancaster</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Spartanburg SC</u>					
Given name added from a supplemental report			(26) Witness		
191			(Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			(27) Filed <u>July 1, 1916</u> (28) <u>Geo. C. Oakes</u> 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.

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