

## (1) PLACE OF BIRTH

County of SpartanburgTownship of Cross Anchoror  
Inc. Town of.....or  
City of.....

(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 HealthRegistration District No. 4023

File No.—For State Registrar Only

5775Registered No. 15  
(For use of Local Registrar)(2) Full Name of Child Arthur Lawson

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

(3) BOY OR GIRL boy(4) Twin or Triplet? ✓(5) Number in order of birth ✓  
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 12 1922  
(Month of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Leahon Lawson(9) PRESENT POSTOFFICE OF FATHER Sumter S.C. # 2(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20  
(Years)(12) BIRTHPLACE Dutchman, Spartanburg Co., S.C.(13) OCCUPATION Farm laborer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Irene Breckington(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C. # 2(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17  
(Years)(18) BIRTHPLACE Cross Anchor, Spartanburg Co., S.C.(19) OCCUPATION At home(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:40 P.M.  
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. B. Patton(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Cross Anchor, S.C.

Given name added from a supplemental report

(26) Witness  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 10 1922 (28) C. J. Harnad  
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.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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STATIONER'S RECEIPT FOR THE FILING OF THIS CERTIFICATE OF BIRTH. THE FILING OF THIS CERTIFICATE OF BIRTH IS REQUIRED BY THE STATE BOARD OF HEALTH. IN THE CASE OF A STILLBORN CHILD, THE FILING OF THIS CERTIFICATE OF BIRTH IS REQUIRED BY THE STATE BOARD OF HEALTH. IN THE CASE OF A STILLBORN CHILD, THE FILING OF THIS CERTIFICATE OF BIRTH IS REQUIRED BY THE STATE BOARD OF HEALTH.