

(1) PLACE OF BIRTH

County of Florence

Township of

or
Inc. Town of Cartersvilleor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

22126

Registration District No. 2002 Registered No. 21
(For use of Local Registrar)(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 Lawrence Marion Lawson
(If child is not yet named, make up name and report as abstracted)(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 27, 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Lawrence Lawson</u>	(14) NAME BEFORE MARRIAGE <u>Lela Pearce</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Cartersville</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Cartersville</u>	(16) COLOR OR RACE <u>White</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farming</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated. Dr. Houch(23) (Signature) Dr. Houch (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Winnsboro S.C.Given name added from a supplemental report (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) H. P. Pittman(27) Filed 9/9 1922 (28) Local Registrar H. P. Pittman

*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.