

(1) PLACE OF BIRTH

County of Cherokee
 Township of Cherokee
 or
 Inc. Town of Cherokee
 or
 City of Cherokee

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 32086—For this Registrar
32086

Registration District No. 20 Registered No. 313
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(1) SEX OR GUILD boy (4) Type or Triple No (5) Number in order of birth 1st (6) Date of Birth April 6, 1923

FATHER. MOTHER.

(14) NAME BEFORE MARRIAGE Warren Lawrence

(15) PRESENT RESIDENCE OF FATHER Lawrence

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 33 (18) COLOR OR RACE Colored (19) AGE AT LAST BIRTHDAY 25

(12) BIRTHPLACE S. C. (13) OCCUPATION Public Work (14) BIRTHPLACE S. C. (15) OCCUPATION Domestic

(16) BIRTHPLACE S. C. (17) OCCUPATION Domestic

(18) BIRTHPLACE S. C. (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

on the date above stated.

(23) (Signature) Mary Williams (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cherokee, S. C.

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov 1, 1923 P. H. Buchanan, M.D.

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.