

(1) PLACE OF BIRTH

County of ChesterTownship of Parisvilleor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only
48544Registration District No. 1106 Registered No. 27

(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 Clarence Lawry { If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boys</u>	(2) Twin or Triplet? <u>1</u>	(3) Number in order of birth <u>1</u>	(4) Are Parents Married? <u>yes</u>	(5) DATE OF BIRTH <u>Feb 2</u> (Name of Month) (Day) (Year)
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FATHER.

(1) FULL NAME Willie Lawry(2) PRESENT POSTOFFICE OF FATHER Lewis Turnout(3) COLOR negro (4) AGE AT LAST BIRTHDAY 24
(Years)(5) BIRTHPLACE Chester County(6) OCCUPATION Farming(7) Number of children born to mother, including present birth { two

MOTHER.

(8) NAME BEFORE MARRIAGE Virgil Lewis(9) PRESENT POSTOFFICE OF MOTHER Lewis Turnout(10) COLOR negro (11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Chester County(13) OCCUPATION Farming(14) Number of children of this mother now living, including present birth { two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(15) I hereby certify that I attended the birth of this child, who was born at Lewis Turnout on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(16) (Signature) Lula McDonald

(17) State whether Physician or Midwife (18) Address of Physician or Midwife

Midwife Lewis Turnout

Given name added from a supplemental report

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Registrar

(19) Witness (Signature of Witness necessary only when question 15 is signed by mark)

(20) Filed 2-10-16 (21) J. N. Gurtis
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.