

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofor
St. of Anderson R.F.W. (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 Edward Ward Lawton

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

(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>May 27, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Bruce Lawton

(9) PRESENT RESIDENCE OF FATHER Anderson Co.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Year)

(12) BIRTHPLACE Wilkes Co. Ga.

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Hilbel Ramsey

(15) PRESENT RESIDENCE OF MOTHER Anderson Co.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Year)

(18) BIRTHPLACE Hart Co. Ga.

(19) OCCUPATION Domestic

(20) 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 alive at 11:2 M., on the date above stated. (Normal alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wade Thompson

(24) State whether Physician or Midwife

(25) Address of Physic

Anderson Co.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 26 is signed by M.D.)

F. B. CRAYTON,

(27) Filed

(28) ANDERSON Registrar.19 ..
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.

a Supplementary report

(Date of)

Address

Filed

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