

1/4/24 10/1/23
(1) PLACE OF BIRTH

County of Chester

Township of Lewisville

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar

13410

Registration District No. 1106

Registered No. 56
(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 Joe Larry

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

(3) SEX OR
GENDER Boy

(4) Type
or Figure

To be answered only in case of Twin or Triplets

(5) Number in
order of birth

(6) Are
Parents
Married yes

(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Marshall Lawry

(9) PRESENT
POSTOFFICE
OF FATHER Rodman A.C.

(10) COLOR
OR
RACE Negro

(11) AGE AT LAST
BIRTHDAY 20

(Years)

(12) BIRTHPLACE A.C.

(13) OCCUPATION Farmer

(14) Number of children born to
mother, including present birth 1

MOTHER.

(15) NAME BEFORE
MARRIAGE Annie Caldwell

(16) PRESENT
POSTOFFICE
OF MOTHER Rodman

(17) COLOR
OR
RACE Negro

(18) AGE AT LAST
BIRTHDAY 17

(Years)

(19) BIRTHPLACE A.C.

(20) OCCUPATION Domestic

(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 Alive (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Laurie Robinson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Rodman A.C.

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed 6/9 73

(28) Local Registrar J. H. Hollis

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.