

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

File No.—For State Registrar Only
18541

1) PLACE OF BIRTH

County of Glorence
 Township of
 or
 City of Glorence S.C. (No. Sanander Memorial Hospital)
 If born in a hospital or other institution, give name of same instead of street and number.

Registration District No. 20-P Registered No. 188
 (For use of Local Registrar)

2) Full Name of Child Boyd Preston Lawhon (If child is not yet named, make supplemental report as directed)

Sex of Child Male (Boy or Girl) Twin or Triplet? No
 Number in order of birth First Are Parents Married? Yes
 To be answered only in event of Twin or Triplet

DATE OF BIRTH 6-8-22
 (Month) (Day) (Year)

FATHER.

3) Full Name Boyd Preston Lawhon
 4) Present Postoffice of Father Glorence S.C.
 5) Color or Race White (11) Age at Last Birthday 24 yrs
 6) Birthplace Lumbertonville S.C.
 7) Occupation Machinist
 8) Number of children born to mother, including recent birth First

MOTHER.

9) Name before Marriage Mattie McMich
 10) Present Postoffice of Mother Glorence S.C.
 12) Color or Race White (17) Age at Last Birthday 21 yrs
 13) Birthplace Lumbertonville S.C.
 14) Occupation Housewife
 16) Number of children at this mother's now living, including present birth First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

18) I hereby certify that I attended the birth of this child, who was Alive on the date above stated.
 (19) Signature of Physician or Midwife John M. Baranville
 (20) State whether Physician or Midwife Glorence S.C.
 (21) Address of Physician or Midwife Glorence S.C.

Given under official Crown or supplement (and register)

Witness C. C. Craft
 (Signature of Witness necessary only when question 18 is signed by mark)
 Date June 8, 1922

19) Signature of Registrar C. C. Craft
 20) Date June 8, 1922
 21) Local Registrar