

(1) PLACE OF BIRTH

County of York
 Township of King's Mtn.
 or
 Inc. Town of Chapel
 or
 City of Chapel

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20570

Registration District No. 4-1-7 Registered No. 55
 (For use of Local Registrar)

City of Chapel (No. 4-1-7 St.; 55 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 2 1922
 To be answered only in event of Twin or Triplet Name of Month (Day) (Year)

FATHER.

(8) FULL NAME Thomas Lawrence
 (9) PRESENT POSTOFFICE OF FATHER Chapel Hill
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Fredericktown N.C.
 (13) OCCUPATION Mail Theatrical
 (20) Number of children born to mother, including present birth 1 3

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Pickens
 (15) PRESENT POSTOFFICE OF MOTHER Chapel Hill
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Chapel Hill N.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Chapel Hill (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) C. H. H. H.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Chapel Hill

Given name added from a supplemental report

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

(27) Filed July 3 1922 (28) C. E. H. H. 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.

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCauley, of Columbia.