

1. PLACE OF BIRTH

County of Spaulding

Township of Spaulding

or  
Int. Town of

City of Chaplin

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4008

FILE No. - For State Registrar Only

50579

Registered No. 438

(For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME OF CHILD

Gene Monroe Lawing

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

3. Sex or Girl

Boy

If Plural Births

4. Twin, triplet or other

1

6. Premature

no

7. Are Parents

Married

8. Date of Birth

Feb 1

1916

(Month, day, year)

9. Full name

FATHER John Calvin Lawing

18. Name

MOTHER Mary Morrison

10. Residence (mailing address)

Chaplin

19. Residence (mailing address)

Chaplin

(If non-resident, give place and State)

11. Color or race

W

12. Age at last birthday

40

(years)

20. Color or race

W

21. Age at last birthday

23

(years)

13. Birthplace (city or place)

NC

(State or country)

22. Birthplace (city or place)

SC

(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Weaving

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Textile

16. Date (month and year) last engaged in this work

1916

17. Total time (years) spent in this work

20

OCCUPATION

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

Wife

25. Date (month and year) last engaged in this work

1916

26. Total time (years) spent in this work

20

27. Number of children of this mother

11

(At time of birth and including this child) (a) Born alive and now living

3

(b) Born alive but now dead

0

(c) Stillborn

0

28. If stillborn, period of gestation

0

(months)

(weeks)

29. Cause of stillbirth

6

Before labor

0

During labor

0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 AM on the date above stated.

(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at 6:30 AM on above date Apr 27

(Name of Physician)

Cleft Palate

no

Face Lip

no

Other Deformities

(Specify)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed)

Arthur E. Conner

or

Midwife

Address

Conner

Given name added from a supplementary report

(Date of)

Filed

Feb 12, 1916

Local Registrar

State Registrar

(See instructions on back of Certificate.)