

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19101

County of Charleston

Township of

City of

City of

City of

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

(1) Full Name of Child

Registration District No. 40-ARegistered No. 282

(For use of Local Registrar)

Ward

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

(2) Sex Male (3) Date of Birth June 22 1910
 (4) Type or Triplet ✓ (5) Number in order of birth 1
 To be answered only in event of Twins or Triplets

FATHER
 (1) FULL NAME A. E. Lawler
 (2) PRESENT POSTOFFICE OF FATHER Spartanburg SC
 (3) COLOR OR RACE W (4) AGE AT LAST BIRTHDAY 32
 (5) BIRTHPLACE Saluda NC
 (6) OCCUPATION Truck driver

MOTHER
 (1) NAME BEFORE MARRIAGE Floy Kisher
 (2) PRESENT POSTOFFICE OF MOTHER Spartanburg SC
 (3) COLOR OR RACE W (4) AGE AT LAST BIRTHDAY 33
 (5) BIRTHPLACE Plattsburg NC
 (6) OCCUPATION Domestic

(7) Number of children born to mother, including present birth 5
 (8) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(9) I hereby certify that I attended the birth of this child, who was 9 M.,
 on the date above stated. (Born alive ✓) (Hour A. M. 11:00)

(10) (Signature) [Signature]
 (11) State whether Physician or Midwife (12) Address of Physician or Midwife

Given name added from a supplemental report

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

(14) Filed 7-1-23 (15) 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.

Assistant State Registrar
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