

(1) PLACE OF BIRTH

County of JeffTownship of "

or

Inc. Town of "

or

City of Paris Island

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

Registration District No. 600No. 18790Registered No. 218

(For use of Local Registrar)

(2) Full Name of Child James Harold Lawson

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>-</u>	(6) Are Parent Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 20, 1923</u> (Month of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Spigner Lawson(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Salesman(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Grace Turner(15) PRESENT POSTOFFICE OF MOTHER Paris Island S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 11:45 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) R. Sh...(23) (Address of Physician or Midwife) St. (M.C.) U.S.N. Paris Island S.C.

Given name added from a supplemental report

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

(25) Filed July 9, 1923 (26) J. H. H. K... 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 stillborns before the fifth month of pregnancy.