

Form No. 1

(1) PLACE OF BIRTH

County of Sumter

Township of

or

Inc. Town of

or

City of

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Lincoln Lawson

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

3) BOY OR GIRL <u>boy</u>	4) Twin or Triplet? To be answered only in case of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>May 11, 1922</u> (Name of Month) (Day) (Year)
------------------------------	---	-----------------------------	---------------------------------------	---

FATHER.

8) FULL NAME Wiles Lawson

9) PRESENT POSTOFFICE OF FATHER Wagell. S.C.

10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 28 (Years)

12) BIRTHPLACE Sumter Co.

13) OCCUPATION Farmer

20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Missie Helton

15) PRESENT POSTOFFICE OF MOTHER Wagell. S.C.

16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 23 (Years)

18) BIRTHPLACE Clarendon Co.

19) OCCUPATION Farm laborer

21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wiles Lawson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 22, 1922 (28) Benny Sanders 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH LEADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20360

Registration District No. 4109 Registered No. 34
(For use of Local Registrar)