

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD.  
 H. 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 1.

(1) PLACE OF BIRTH

County of *Spartanburg*  
 Township of *Walnut Grove*  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30279

Registration District No. *4069* Registered No. *57*  
 (For use of Local Registrar)

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 *Lawrence Harrison Jr.* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *B* (4) Twin or Triplet *L* (5) Number in order of birth *1* (6) Are Parents Married *Y* (7) DATE OF BIRTH *Sept 8 1923*  
 To be answered only in case of Twins or Triplets (Name of month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <i>Lawrence Harrison</i>	(14) NAME BEFORE MARRIAGE <i>Lena Thomas</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Mon SC R 2</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Mon SC R 2</i>
(10) COLOR OR RACE <i>N</i>	(16) COLOR OR RACE <i>N</i>	(11) AGE AT LAST BIRTHDAY <i>49</i>	(17) AGE AT LAST BIRTHDAY <i>38</i>
(12) BIRTHPLACE <i>SC</i>	(18) BIRTHPLACE <i>SC</i>	(13) OCCUPATION <i>Farming</i>	(19) OCCUPATION <i>House Keeping</i>
(20) Number of children born to mother, including present birth <i>11</i>	(21) Number of children of this mother now living, including present birth <i>11</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *J. P. Williams*  
 (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Rochester SC*

Given name added from a supplemental report .....  
 (26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed *Oct 13 1923* (28) *J. W. Hatcher* 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.