

Form No. 1

(1) PLACE OF BIRTH

County of Spaulding
 Township Reckville
 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

40072

Registration District No. 4007 ... Registered No.
 (For use of Local Registrar)

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

(2) Full Name of Child Maggie Laurence [If child is not yet named, make supplemental report as directed]

(3) BOY OR GIRL Girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE OF BIRTH July 25, 1922
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Robert L. Laurence MOTHER. (14) NAME BEFORE MARRIAGE Rose Lee Lynch

(9) PRESENT POSTOFFICE OF FATHER Summit SC (15) PRESENT POSTOFFICE OF MOTHER Summit SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
 (Years) (Years)

(12) BIRTHPLACE Spaulding Co (18) BIRTHPLACE Spaulding Co

(13) OCCUPATION mill worker (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born living on the date above stated. (Date of birth or stillborn) (A.M. or P.M.)

(23) (Signature) Dr. T. G. Murchison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Summit SC

Given name added from a supplemental report

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

(27) Filed 10 (28) 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 UNFADING 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.

McJAW OF COLUMBIA, COLUMBIA, S. C.