

(1) PLACE OF BIRTH

County of Marehoul
 Township of Red Bluff
 or
 Inc. Town of McClell
 or
 City of SC

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

21901

Registration District No. 3305 Registered No. 118
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same and of street and number.)

(2) Full Name of Child Lee Goss McLaurin (If child is not yet named, make supplemental report as directed)

2 Sex Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married No (7) DATE OF BIRTH July 11 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nicci Goss

(9) PRESENT POSTOFFICE OF FATHER McClell SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Year)

(12) BIRTHPLACE Marehoul SC

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Amie McLaurin

(15) PRESENT POSTOFFICE OF MOTHER McClell SC

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Year)

(18) BIRTHPLACE Marehoul SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amie McLaurin

(24) Name of Physician or Midwife

Midwife

(25) Address of Physician or Midwife

McClell SC

Given name added from a supplemental report

(26) Witness

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

(27) Date

July 15 1923SC

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.