

(1) PLACE OF BIRTH

County of Marlboro
 Township of Brigbtall
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39404

Registration District No. 3362Registered No. 336
(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 Walter McLaurin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 11/26/22
 (Name) (Month) (Day) (Year)

FATHER
 (8) FULL NAME Edwin McLaurin
 (9) PRESENT POSTOFFICE OF FATHER Gibson NC
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE NC
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth: 1

MOTHER
 (14) NAME BEFORE MARRIAGE Mary Bright
 (15) PRESENT POSTOFFICE OF MOTHER Gibson NC
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE NC
 (19) OCCUPATION Work on Farm
 (20) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at Marlboro NC on the date above stated. (Born alive or stillborn) (By Dr. G. H. Livingston)

(22) (Signature) Dr. G. H. Livingston (23) Address of Physician or Midwife
 (24) State whether Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed 11/26 (27) 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.