

Form No. 10.  
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PRELIMINARY 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.  
McCauley, of Columbia

(1) PLACE OF BIRTH

County of Henry  
Township of Galivants Ferry

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43273

Inc. Town of ..... Registration District No. 2505 Registered No. 103  
(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 William James McLaughlin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 12 1915  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William James McLaughlin

(9) PRESENT POSTOFFICE OF FATHER Galivants Ferry S.C. # 3

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 51 (Years)

(12) BIRTHPLACE Charterfield Co., S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Charlie Belle Johnson

(15) PRESENT POSTOFFICE OF MOTHER Galivants Ferry S.C. # 3

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Galivants Ferry S.C. Henry Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. King

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

Physician

Columbia, S. C.

Given name added from a supplemental report

191.....  
Registrar

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

(27) Filed Dec 15 1915 (28) W. E. King 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.

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