

(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? ✓ (5) Number in order of birth 1 (6) Are Parents Married? Y (7) DATE OF BIRTH Dec. 12, 1915  
(Name of Month) (Day) (Year)

FATHER.  
5) FULL NAME William James McLaughlin  
6) PRESENT POSTOFFICE OF FATHER Galivants Ferry S.C. # 3  
7) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 51 (Years)  
8) BIRTHPLACE Charterfield Co., S.C.  
9) OCCUPATION Farming  
10) Number of children born to mother, including present birth 1

MOTHER.  
14) NAME BEFORE MARRIAGE Claudiva Bell 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 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 Physician (25) Address of Physician or Midwife Waynes S. C.

Given name added from a supplemental report  
..... 191.....  
.....  
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed) 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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MARGIN RESERVED FOR PRINTING. WITH UNFADING INK—THIS IS A PREPARATION REQUIRED. WHITE PLAINLY. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THIS OFFICE. No. 2. etc. in question 5. No. 10. No. 11. No. 12. No. 13. No. 14. No. 15. No. 16. No. 17. No. 18. No. 19. No. 20. No. 21. No. 22. No. 23. No. 24. No. 25. No. 26. No. 27. No. 28. No. 29. No. 30. No. 31. No. 32. No. 33. No. 34. No. 35. No. 36. No. 37. No. 38. No. 39. No. 40. No. 41. No. 42. No. 43. No. 44. No. 45. No. 46. No. 47. No. 48. No. 49. No. 50. No. 51. No. 52. No. 53. No. 54. No. 55. No. 56. No. 57. No. 58. No. 59. No. 60. No. 61. No. 62. No. 63. No. 64. No. 65. No. 66. No. 67. No. 68. No. 69. No. 70. No. 71. No. 72. No. 73. No. 74. No. 75. No. 76. No. 77. No. 78. No. 79. No. 80. No. 81. No. 82. No. 83. No. 84. No. 85. No. 86. No. 87. No. 88. No. 89. No. 90. No. 91. No. 92. No. 93. No. 94. No. 95. No. 96. No. 97. No. 98. No. 99. No. 100.