

U. S. Dept. of Commerce
Bureau of the Census

PLACE OF BIRTH

County of Marlow
Township of Smithville
or
Town of _____
or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

FILE No.—For State Registrar Only

39422

3306

Registered No. 66

(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

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

(If child is not yet named, make supplemental report as directed)

FULL NAME OF CHILD Herbert Monroe McLaughlin

Sex or Girl ☐ If Plural births ☐ 4. Twin, triplet or other ☐ 6. Premature ☐ 7. Are Parents ☐ 8. Date of birth Nov. 30 1922
Boy ☒ 5. Number, in order of birth _____ Full term ☐ Married? YES (Month, day, year)

FATHER

William Thomas McLaughlin

18. Name before marriage

Claudia Johnson

Residence (mailing address)

(If non-resident, give place and State) R.F.D. OSBORNE, N.C.

19. Residence (mailing address)

(If non-resident, give place and State) R.F.D. OSBORNE, N.C.

Color or race W

12. Age at last birthday 53 (years)

20. Color or race W

21. Age at last birthday 36 (years)

Birthplace (city or place)

(State or country) S.C.

22. Birthplace (city or place)
(State or country) S.C.

14. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Farmer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years)

19 _____ spent in this work

OCCUPATION

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years)

19 _____ spent in this work

Number of children of this mother

(At time of birth and including this child) (a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

If stillborn, period of gestation _____ months _____ weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at _____ M. on above date (Name of Prophylactic)

Left Palate _____ Hare Lip _____ Other Deformities _____ (Specify)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from

a supplementary report

(Date of)

State Registrar

(Signed) [Signature]

or

Address [Signature]

Filed DEC 4, 1922 THP:JSC
Local Registrar