

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE PLAIN. WITH ENFOLDING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1, THE OTHER, No. 2, etc., in question 5.

McCall, of Columbia.

(1) PLACE OF BIRTH
County of Spaulding
Township of
or
Inc. Town of
or
City of Spaulding No. 203 Laurens
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
66142

Registration District No. 40 a Registered No. 230
(For use of Local Registrar)
St.; 6 Ward

2) Full Name of Child. Laugherty If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>(to be answered only in case of twins or triplets)</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 26</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
--------------------------------	--	--	---------------------------------------	---

FATHER.
(8) FULL NAME M. Furman R. Laugherty
(9) PRESENT POSTOFFICE OF FATHER Spaulding
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Year)
(12) BIRTHPLACE North Carolina
(13) OCCUPATION Street Car Conductor
(20) Number of children born to mother, including present birth Five (5)

MOTHER.
(14) NAME BEFORE MARRIAGE Love Seay
(15) PRESENT POSTOFFICE OF MOTHER Spaulding
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE North Carolina
(19) OCCUPATION Wife
(21) Number of children of this mother now living, including present birth Three (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. C. Boyd
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spaulding

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 July 1 1916 (28) Jas. Cooper 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.

fifth month of pregnancy.