

## (1) PLACE OF BIRTH

County of Charleston, S.C.

Township of .....

or Town of .....

or City of Charleston, S.C.

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for State Register Only

3146

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Registration District No. .... Registered No. ....  
 (For use of Local Registrar)  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Alexander McLaughlin

(3) SEX OF CHILD Boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 20 1928  
 (Name of Month) (Day) (Year)

(8) FULL NAME Alexander McLaughlin(9) PRESENT POSTOFFICE OF FATHER 40 Charlotte St Charleston, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Dist. of Columbia(13) OCCUPATION Chief Clerk to Sup't. of A.C.R.(14) Number of children born to mother, including present birth 1. McLaughlin(14) NAME BEFORE MARRIAGE Rosa Hunt Lewis(15) PRESENT POSTOFFICE OF MOTHER 40 Charlotte St Charleston, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Dist. of Columbia(19) OCCUPATION Wife(20) Number of children of this mother now living, including present birth 1. McLaughlin

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) J. H. McLaughlin(23) State whether Physician or Midwife (24) Address of Physician or Midwife City

Given name added from a supplemental report

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Registrar

(25) Witness

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

(26) Filed 2/28/1928

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.