

MARGIN RESERVED FOR BINDING.
WRITTEN PLAINLY, WITH UNFADING 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, No. 1, THE OTHER, No. 2, etc., in question 5

Form No. 2

(1) PLACE OF BIRTH

County of Laurin

Township of Laurin

or

Inc. Town of Laurin

or

City of Laurin

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

Registration District No. 29 St.; Ward

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
92599

Registered No. 1
(For use of Local Registrar)

(2) Full Name of Child Claude Walter Laurin

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 -

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 31 1908
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thos. Laurin

(9) PRESENT POSTOFFICE OF FATHER Laurin P.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 43

(12) BIRTHPLACE Laurin P.C.

(13) OCCUPATION Polician

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Nettie Bath

(15) PRESENT POSTOFFICE OF MOTHER Laurin P.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 38
(Years)

(18) BIRTHPLACE Laurin P.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 108 M., on the date above stated.
(Born a live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Newton W. Laurin

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Laurin P.C.

Given name added from a supplemental report

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

(27) Filed 19 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.