

(1) PLACE OF BIRTH

County of Catawba

Township of Mag. valea

or
Inc. Town of Catawba Falls

or
City of _____

(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
71045

Registration District No. 109 Registered No. 88
(For use of Local Registrar)

(2) Full Name of Child J. I. Laurin Jr. } 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? Yes (7) DATE OF BIRTH Aug 9 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. I. Laurin

(9) PRESENT POSTOFFICE OF FATHER Catawba Falls S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE Georgia

(13) OCCUPATION Clerk, Store

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lissy May Ellison

(15) PRESENT POSTOFFICE OF MOTHER Catawba Falls S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18
(Years)

(18) BIRTHPLACE Columbia Co S.C.

(19) OCCUPATION House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. I. Laurin, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Catawba Falls S.C.

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 Aug 9 1916 (28) J. O. Mance 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.

MAGIN RESERVED FOR BINDING
PLEASE WRITE UPADING INK—THIS IS A PERMANENT RECORD
SEE IN CASE OF TWINS OR TRIPLETS, USE SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.