

(1) PLACE OF BIRTH

County of *Essex*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

14668

Township of

or
Inc. Town of

or

City of

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

Registration District No. *3.100*Registered No. *5-8*

(For use of Local Registrar)

2) Full Name of Child

James Lee Mc Laurin

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

(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth

To be entered only in case of Twin or Triplet

(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME*C.C. Mc Laurin*(9) PRESENT
POSTOFFICE
OF FATHER*Brookland B.C.*(10) COLOR
OR
RACE*W.*(11) AGE AT LAST
BIRTHDAY*29*
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Carpenter(14) Number of children born to
mother, including present birth*Two*

MOTHER.

(14) NAME BEFORE
MARRIAGE*Lillie May Fulmer*(15) PRESENT
POSTOFFICE
OF MOTHER*Brookland B.C.*(16) COLOR
OR
RACE*W.*(17) AGE AT LAST
BIRTHDAY*18*
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic(20) Number of children of this mother
now living, including present birth*Two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *Born Alive* at *12 30 P.M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

J. D. ...

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplement-
tal report

101

Registrar

(25) Witness

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

(26) Filed

11/1/1923

(27)

J. C. ...

(28)

*Local Registrar**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.

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