

(1) PLACE OF BIRTH

County of Chesterfield
Township of Chaghton
or
Inc. Town of Mayfield
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

702

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

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

(2) Full Name of Child Mary Grace McLaughlin

(3) SEX OR GIRL <u>girl</u>	(4) Age or Years In months and in years of days or hours	(5) Date of Birth <u>Jan. 19, 1923</u>	(6) Name of Mother <u>Elmer Henry</u>
(7) FATHER <u>A. A. McLaughlin</u>		(8) NAME OF MOTHER	
(9) PRESENT RESIDENCE OF FATHER <u>127 E. 1st</u>		(10) PRESENT RESIDENCE OF MOTHER	
(11) COLOR or Race <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>47</u>	(13) COLOR or Race <u>White</u>	(14) AGE AT LAST BIRTHDAY <u>33</u>
(15) BIRTHPLACE <u>Port of Spain</u>		(16) BIRTHPLACE <u>Port of Spain</u>	
(17) OCCUPATION <u>Doctor</u>		(18) OCCUPATION	
(19) Number of children born to mother, including present one <u>4</u>		(20) Number of children of the mother now living, including present one <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) J. S. Graham
(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name of child from a supplementary report

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

(26) Filed (27) (28)

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.