

## (1) PLACE OF BIRTH

County of CharlestonTownship of CharlestonOR  
Inc. Town of .....OR  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
**41634**Registration District No. 1201Registered No. 139

(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 Barbra McLauren If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Dec 18 1944  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME David McLauren(9) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27  
(Year)(12) BIRTHPLACE SC(13) OCCUPATION Farm laborer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Dora Pegues(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22  
(Year)(18) BIRTHPLACE SC(19) OCCUPATION Farm laborer(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Winny Pegues(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston

Given name added from a supplemental report

(26) Witness .....

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

(27) Date Dec 20 1944 (28) P. H. Ingram

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.