

(1) PLACE OF BIRTH

County of Florence
Township of Lawrence
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.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

85647

Registration District No. 2914 Registered No. 59
(For use of Local Registrar)

2) Full Name of Child Charles Vander McLaughlin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 22 Nov. 22 1926
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John McLaughlin

(9) PRESENT POSTOFFICE OF FATHER Efingham, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 days (Years)

(12) BIRTHPLACE Florence County

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1 4 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ma Lee

(15) PRESENT POSTOFFICE OF MOTHER Efingham, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 days (Years)

(18) BIRTHPLACE Florence County

(19) OCCUPATION Farmer

(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 2 M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Frankie P. Galt

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 3 1926 (28) Dr. Hill 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 at any time between the 28th day of gestation or stillborn before the 28th month of pregnancy.