

## (1) PLACE OF BIRTH

County of Dillon

Township of .....

or  
Inc. Town of Dillonor  
City of .....

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

(2) Full Name of Child Sara McLaurin

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

3) BOY OR GIRL Girl4) Twin or Triplet ☒5) Number in order of birth 1st6) Age Parents Married 4 1/27) DATE OF BIRTH June 21 1923

(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Jack H. McLaurin9) PRESENT POSTOFFICE OF FATHER Dillon, S.C.10) COLOR OR RACE White11) AGE AT LAST BIRTHDAY 39 (Years)12) BIRTHPLACE Dillon County13) OCCUPATION Farmer20) Number of children born to mother, including present birth 4

## MOTHER.

14) NAME BEFORE MARRIAGE Ethel Ragdale15) PRESENT POSTOFFICE OF MOTHER Dillon, S.C.16) COLOR OR RACE White17) AGE AT LAST BIRTHDAY 33 (Years)18) BIRTHPLACE Fairfield County19) OCCUPATION Housewife21) 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 3 A. on the date above stated. (Hour, M. or P. M.)(23) (Signature) F. R. Craig(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Dillon, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 25 1923(28) B. J. Wilkerson Local Registrar

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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