

Form No. 3

(1) PLACE OF BIRTH

County of FlorenceTownship of M.S. Millan

Inc. Town of.....

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

Registration District No. 20.11

File No.—For State Registrar

17649

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

(2) Full Name of Child

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

(1) BOY OR GIRL <u>boy</u>	(2) Sex <u>Male</u>	(3) Number of children <u>1</u>	(4) Are Parents Married <u>yes</u>	(5) DATE OF BIRTH <u>6/24/22</u>
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FATHER.		MOTHER.	
(6) FULL NAME <u>Jack A. McLaughlin</u>	(10) NAME BEFORE MARRIAGE <u>Daisy Turner</u>	(11) PRESENT POSTOFFICE OF FATHER <u>Bantockburn</u>	(12) PRESENT POSTOFFICE OF MOTHER <u>Bantockburn</u>

(13) COLOR OR RACE <u>white</u>	(14) AGE AT LAST BIRTHDAY <u>26</u>	(15) COLOR OR RACE <u>white</u>	(16) AGE AT LAST BIRTHDAY <u>27</u>
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(17) BIRTHPLACE <u>Florence Co.</u>	(18) BIRTHPLACE <u>Florence Co.</u>
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(19) OCCUPATION <u>Farmer</u>	(20) OCCUPATION <u>Housewife</u>
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(21) Number of children born to mother, including present birth <u>5</u>	(22) Number of children of this mother now living, including present birth <u>3</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(28) Filed..... (29).....

*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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 2.

Model of Columbia, Columbia, S. C.