

PLACE OF BIRTH

County of Florence

Township of

Inc. Town of

City of Florence

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

(2) Full Name of Child Francis Elizabeth McLaughlin child is not yet named, make supplemental report as directed

(3) SEX OR GENDER <u>girl</u>	(4) TIME OF BIRTH <u>11:00 AM</u>	(5) DAY OF BIRTH <u>11/17/22</u>	(6) MONTH OF BIRTH <u>Nov</u>	(7) YEAR OF BIRTH <u>1922</u>
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FATHER		MOTHER	
(8) FULL NAME <u>Clarence William McLaughlin</u>	(9) NAME BEFORE MARRIAGE <u>Frances Cole</u>		
(10) PRESENT PHOTOGRAPH OF FATHER <u>Florence, S.C.</u>	(11) PRESENT PHOTOGRAPH OF MOTHER <u>Florence, S.C.</u>		
(12) COLOR OF RACE <u>White</u>	(13) COLOR OF RACE <u>White</u>		
(14) BIRTHPLACE <u>South Carolina</u>	(15) BIRTHPLACE <u>South Carolina</u>		
(16) OCCUPATION <u>Trainman</u>	(17) OCCUPATION <u>Housewife</u>		
(18) Number of children born to mother, including present birth <u>1</u>	(19) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born Nov 17, 1922 at 11:00 AM on the date above stated.

(21) (Signature) <u>Dr. P. H. Hughes</u>	(22) State whether Physician or Midwife <u>Physician</u>	(23) Name of Physician or Midwife <u>P. H. Hughes</u>
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Given name added from a supplemental report

(24) Witness <u>P. H. Hughes</u>	(25) Date <u>Nov 17, 1922</u>	(26) Registrar <u>P. H. Hughes</u>
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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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