

(1) PLACE OF BIRTH

County of Calhoun

Township of Indian

or  
Inc. Town of .....

City of ..... (No. .... St.; .... Ward)  
(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

54043

Registration District No. 4303 Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Maud McLaughlin ... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? .....	(4) Twin or Triplet? .....	(5) Number in order of birth .....	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 1, 1914</u> (Name of Month) (Day) (Year)
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#### FATHER.

(8) FULL NAME Thomas McLaughlin

(9) PRESENT POSTOFFICE OF FATHER Kenningsway

(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Winnburg

(13) OCCUPATION Farm

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

#### MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Priddy

(15) PRESENT POSTOFFICE OF MOTHER Kenningsway

(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Winnburg

(19) OCCUPATION Home Wife

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

(23) (Signature) L. D. Wilson  
(24) State whether Physician or Midwife. (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Jan 10, 1915 (28) C. C. Daniel 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.

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FORM NO. 10. MARGIN RESERVED FOR BINDING. WHILE 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 5. Cal. of Columbia.