

Form No. 1

(1) PLACE OF BIRTH

County of MarlboroTownship of Pennettville

or

Inc. Town of Pennettville

or

City of (No.)

(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

46812

Registration District No. 33-ARegistered No. 14

(For use of Local Registrar)

(2) Full Name of Child Media Virginia McLeod

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH July 24th 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John McLeod(9) PRESENT POSTOFFICE OF FATHER Pennettville SC(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Pennettville SC(13) OCCUPATION Tailor(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Vista Johnson(15) PRESENT POSTOFFICE OF MOTHER Pennettville SC(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Pennettville SC(19) OCCUPATION Housewife(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 alive at 10:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Millie Groce

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

Midwife Pennettville SC

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed July 24th 1906 (28) W W Pate 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.

WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia.