

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Charleston
 Township of Charleston

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

59676

City of Registration District No. 1511 Registered No.
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(a) BOY OR GIRL <u>boy</u>	(b) Twin or Triplet?	(c) Number in order of birth	(d) Are Parents Married?	(e) DATE OF BIRTH <u>April, 19, 1911</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(1) FULL NAME <u>Lat McLeod</u>			(1a) NAME BEFORE MARRIAGE <u>Lat McLeod</u>	
(2) PRESENT POSTOFFICE OF FATHER <u>Charleston PA</u>			(2a) PRESENT POSTOFFICE OF MOTHER <u>Charleston PA</u>	
(3) COLOR OR RACE <u>negro</u>			(3a) COLOR OR RACE <u>negro</u>	
(4) AGE AT LAST BIRTHDAY <u>38</u> (Years)			(4a) AGE AT LAST BIRTHDAY <u>36</u> (Years)	
(5) BIRTHPLACE <u>Charleston SC</u>			(5a) BIRTHPLACE <u>Charleston SC</u>	
(6) OCCUPATION <u>Farm labor</u>			(6a) OCCUPATION <u>Housekeeper</u>	
(7) Number of children born to mother, including present birth { <u>9</u>			(7a) Number of children of this mother now living, including present birth { <u>8</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:00 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thomas F. H. H.

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

MidwifeCharleston PA

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 1, 1911 (28) 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 stillborn children until the fifth month of pregnancy.

WITHIN THIRTY DAYS AFTER THE BIRTH OF A CHILD, 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 STILLBORN CHILDREN UNTIL THE FIFTH MONTH OF PREGNANCY.