CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 8281

Registration District No. 5005 Registered No. 25
(For use of Local Registrar)

*(1) PLACE OF BIRTH
County of Lee C O
Township of Paina
or
Inc. Town of
or
City of Bishopville St.; Ward)
(No. ; give name of same instead of street and number.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child May Lines McLeod

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth One (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 25 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gerard McLeod
(9) PRESENT POSTOFFICE OF FATHER Camden S C
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 49 (Years)
(12) BIRTHPLACE S C
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Edith Graham
(15) PRESENT POSTOFFICE OF MOTHER Camden S C
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 39 (Years)
(18) BIRTHPLACE S C
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mary Franklin
(24) State whether Physician or Midwife Mid wife
(25) Address of Physician or Midwife Camden S C

Given name added from a supplemental report
..... 19 ....
Registrar

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

(27) Filed Mar 15 1922 (28) J. A. Cuttino 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.