

Form No. 1

(1) PLACE OF BIRTH

County of MareborgTownship of Red Bluffor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19484

Registration District No. 3305 Registered No. 69

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Lizzie McLeod

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

| | | | | |
|-------------------------------|--|-----------------------------|---------------------------------------|---|
| 3. BOY OR GIRL <u>Girl</u> | 4. Twin or Triplet? To be answered only in event of Twins or Triplets | 5. Number in order of birth | 6. Are Parents Married? <u>Yes</u> | 7. DATE OF BIRTH <u>June 1, 1922</u> (Name of Month) (Day) (Year) |
|-------------------------------|--|-----------------------------|---------------------------------------|---|

FATHER.

8. FULL NAME Bruce McLeod9. PRESENT POSTOFFICE OF FATHER Tatum SC10. COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)12. BIRTHPLACE Mareborg Co SC13. OCCUPATION Farmer20. Number of children born to mother, including present birth 12

MOTHER.

14. NAME BEFORE MARRIAGE Lizzie Springfield15. PRESENT POSTOFFICE OF MOTHER Tatum SC16. COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31 (Years)18. BIRTHPLACE Mareborg Co SC19. OCCUPATION Domestic21. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Domestic at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ellen Bryant(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Tatum SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 5, 1922 (28) J. H. Mathews 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.

MARGIN RESERVED FOR BINDING.
WRITE 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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.