

(1) PLACE OF BIRTH

County of Marlboro
 Township of Bennettsville
 Inc. Town of 4
 City of 4
 (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

No. 11- For State Registrar Use
 11387

Registration District No. 33 A Registered No. 3
 (For use of Local Registrar)

(2) Full Name of Child Not named (No. 0.0.3 King St St.) (Ward)
 If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Boy</u>	(2) Twin or Triplet To be covered only in case of Twin or Triplet	(3) Number in order of birth	(4) Age at birth <u>Yes</u>	(5) DATE OF BIRTH <u>Mar-4-23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(6) FULL NAME <u>Raymond McLeod</u>	(14) NAME BEFORE MARRIAGE <u>Martida King</u>			
(7) PRESENT POSTOFFICE OF FATHER <u>Bennettsville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Bennettsville</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Year)	(16) COLOR OR RACE <u>Muskatto</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Year)	
(12) BIRTHPLACE <u>Marlboro Co</u>		(18) BIRTHPLACE <u>Marlboro Co</u>		
(13) OCCUPATION <u>Janitor</u>		(19) OCCUPATION <u>House work</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P.M.
 on the date above stated. (Born or Stillborn) (Hour, M. or P. M.)

(23) (Signature) Charles May Jr(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Bennettsville

Given name added from a supplemental report

(26) Witness

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

(27) Date May 3-23(28) Local Registrar Mr. J. H. Pate

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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