

(1) PLACE OF BIRTH

County of *Charleston*

Township of

or
Inc. Town ofCity of *Charleston*

(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

Registration District No. *9A*Registered No. *11 377*

(For use of Local Registrar)

St. Ward

(2) Full Name of Child

Bernie Octavia Lead

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

1

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct 16 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Foyton McLeod

(9) PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

21

(Years)

(12) BIRTHPLACE

Sumpter, S.C.

(13) OCCUPATION

mechanic

(20) Number of children born to mother, including present birth

One (1)

MOTHER.

(14) NAME BEFORE MARRIAGE

Faisy Coulter

(15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

Sumpter, S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *12* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

R. W. Preston

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician 277 Calhoun St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed *10/19/16*

(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 stillbirths before the fifth month of pregnancy.