

Form No. 1

## (1) PLACE OF BIRTH

County of Waltham

Township of .....

or

Inc. Town of Barnettville

or

City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39378

Registration District No. 33A Registered No. 108

(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 Margaret Lillian 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>Nov. 4 1933</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Johnie McLeod(9) PRESENT POSTOFFICE OF FATHER Barnettville, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE Barnettville, S.C.(13) OCCUPATION Labour(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Vesta Johnson(15) PRESENT POSTOFFICE OF MOTHER Barnettville, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE Barnettville, S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carrie McCreary(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Barnettville, S.C.

Given name added from a supplemental report

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

(27) Filed Nov. 13 1933 (28) Local Registrar Mr. J. J. 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.