

Form No. 1

(1) PLACE OF BIRTH

County of *Spartan*Township of *Pinetown*

Inc. Town of

City of

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

(2) Full Name of Child *Earlyn Janet McLeod*(3) BOY OR GIRL *Girl*

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parent Married *Yes*(7) DATE OF BIRTH *Sept 10, 1923*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *James Wilson McLeod*(9) PRESENT RESIDENCE OF FATHER *Pinewood, S.C.*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *33*

(Year)

(12) BIRTHPLACE *Spartan Co. S.C.*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *Four*

MOTHER

(14) NAME BEFORE MARRIAGE *Mary Anna Dauphin*(15) PRESENT RESIDENCE OF MOTHER *Pinewood, S.C.*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *27*

(Year)

(18) BIRTHPLACE *Spartan Co. S.C.*(19) OCCUPATION *Housewife*(20) Number of children of this mother now living, including present birth *Four*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* (stillborn) (born) (M., D., M.) on the date above stated.(23) (Signature) *James Wilson McLeod*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness *Earlyn Janet McLeod*

(Signature of witness necessary only when question 23 is signed by mother)

(27) Filed *Sept 10, 1923*(28) *Sept 10, 1923*(29) *Sept 10, 1923* 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.