

Form No. 1

(1) PLACE OF BIRTH

County of *Spartanburg*

Township of *Quail*

Inc. Town of .....

City of .....

(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

File No. — For State Registrar Only  
**30341**

Registration District No. *124*

Registered No. *44*  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child *Earlyn Janet McLeod*

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

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parent Married <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 10 1925</i> (Month) (Day) (Year)
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**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 *Spartanburg, S.C.*

(13) OCCUPATION *Farmer*

(14) Number of children born to mother, including present birth *Four*

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Mary Anna Duplain*

(15) PRESENT RESIDENCE OF MOTHER *Pinewood, S.C.*

(16) COLOR OR RACE *White*

(17) AGE AT LAST BIRTHDAY *27*  
(Year)

(18) BIRTHPLACE *Spartanburg, S.C.*

(19) OCCUPATION *Home wife*

(21) 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 ... at ... 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 (Signature of witness necessary only when question 23 is signed in haste)

(27) Filed *Sept 10 1925* (28) Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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.