

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Bowman  
 or  
 Inc. Town of.....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31584

Registration District No. 3000 Registered No. 40  
 (For use of Local Registrar)

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 Harold McLeod (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 ..... (6) Are Parents Married? ..... (7) DATE OF BIRTH Sept 14 .....  
 (Names of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Samuel McLeod  
 (9) PRESENT POSTOFFICE OF FATHER Bowman, S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 .....  
 (Years)  
 (12) BIRTHPLACE .....  
 (13) OCCUPATION .....  
 (14) NAME BEFORE MARRIAGE Mother  
 (15) PRESENT POSTOFFICE OF MOTHER Bowman, S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 .....  
 (Years)  
 (18) BIRTHPLACE .....  
 (19) OCCUPATION .....  
 (20) Number of children of this mother now living, including present birth 13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Rosa Thomas (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bowman, 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 Sept 15 ..... (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.