

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5

MARGIN RESERVED FOR FINDING.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Orangeburg</i>		STATE OF SOUTH CAROLINA		86981	
Township of <i>Orange</i>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <i>3613</i>		Registered No. <i>179</i>	
or				(For use of Local Registrar)	
City of		(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 <i>Barrie McLeod</i>					
(If child is not yet named, make supplemental report as directed)					
3) BOY OR GIRL <i>girl</i>	4) Twin or Triplet?	5) Number in order of birth <i>9</i>	6) Are Parents Married? <i>Yes</i>	7) DATE OF BIRTH <i>Oct 22, 16</i>	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
8) FULL NAME <i>Alamy McLeod</i>			14) NAME BEFORE MARRIAGE <i>Hannie Jones</i>		
9) PRESENT POSTOFFICE OF FATHER <i>Orangeburg</i>			15) PRESENT POSTOFFICE OF MOTHER <i>Orangeburg</i>		
10) COLOR OR RACE <i>Caucasian</i>	11) AGE AT LAST BIRTHDAY <i>29</i>	16) COLOR OR RACE <i>Caucasian</i>			
		(Years)			
12) BIRTHPLACE <i>Orangeburg</i>			18) BIRTHPLACE <i>Orangeburg</i>		
13) OCCUPATION <i>Farmer</i>			19) OCCUPATION <i>Farmer with</i>		
20) Number of children born to mother, including present birth <i>7</i>			21) Number of children of this mother now living, including present birth <i>5</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> at <i>6</i> M., on the date above stated. (Born alive or stillborn. Hour A. M. or P. M.)					
(23) (Signature) <i>J. J. Jones</i>					
(24) State whether Physician or Midwife <i>Midwife</i>					
(25) Address of Physician or Midwife <i>Orangeburg, S. C.</i>					
Given name added from a supplemental report			(26) Witness		
			(Signature of Witness necessary only when question 23 is signed by mark)		
19 Registrar			(27) Filed <i>Nov 16 1916</i>		
			(28) <i>J. J. Jones</i> 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.