Form No. 1

(1) PLACE OF BIRTH

County of Sumter

Township of Privateer

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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

16905

Registration District No. 4104 Registered No. 68

(For use of Local Registrar)

(2) Full Name of Child Edward Marion McLeod. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			yes	May 28 1922. (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME: Perry McLeod

(9) PRESENT POSTOFFICE OF FATHER: Tindal, S.C.

(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 36 (Years)

(12) BIRTHPLACE: Sumter Co. S.C.

(13) OCCUPATION: Farm.

(20) Number of children born to mother, including present birth: Eight

MOTHER.

(14) NAME BEFORE MARRIAGE: (Mrs) Mamie Stafford

(15) PRESENT POSTOFFICE OF MOTHER: Tindal, S.C.

(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 32 (Years)

(18) BIRTHPLACE: Clarendon Co. S.C.

(19) OCCUPATION: Housewife.

(21) Number of children of this mother now living, including present birth: Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive / ~~born alive / stillborn~~ on the date above stated. at 6 A.M., (Hour A. M. or P. M.)

(23) (Signature) Kathleen Ford

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Tindal, S.C.

Given name added from a supplemental report

....., 19 .....

Registrar

(26) Witness X P. P. McLeod

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

(27) Filed 6-5-1922. 19 .... (28) [signature] 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.

WHITE REGISTRY, WITH DUPLICATES, TO BE PREPARED AND FILED AS DIRECTED IN A PAMPHLET ENTITLED "INSTRUCTIONS TO REGISTRARS," PRINTED HEREIN, No. 1. THIS CERTIFICATE, No. 2, etc., IS question 2.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the No. 1, No. 2, etc., in question 2.

NEGRO REGISTRY, WITH DUPLICATES, TO BE PREPARED AND FILED AS DIRECTED IN A PAMPHLET ENTITLED "INSTRUCTIONS TO REGISTRARS," PRINTED HEREIN, No. 1. THIS CERTIFICATE, No. 2, etc., IS question 2.

MAILED TO COLUMBIA, S. C.