

## (1) PLACE OF BIRTH

County of Laurens S.C.Township of VInc. Town of "City of Laurens S.C.

(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

19232

Registration District No. 749Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child William Wright McLeod

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 5th (6) Are Parents Married? Yes (7) DATE OF BIRTH June 4 1922

## FATHER.

(8) FULL NAME Arthur Marvin McLeod(9) PRESENT POSTOFFICE OF FATHER Laurens S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE Laurens S.C.(13) OCCUPATION Banker(14) Number of children born to mother, including present birth 5

## MOTHER

(14) NAME BEFORE MARRIAGE Lilla Bailey(15) PRESENT POSTOFFICE OF MOTHER Laurens S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Laurens S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 1:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. D. Ferguson(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Laurens 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 6/5 1922 (28) C. Kennedy 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.

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