

## (1) PLACE OF BIRTH

County of McConnick

Township of .....

or

Inc. Town of McConnick

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Milton Reese Leroy Jr.

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Nov - 7, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Milton Reese Leroy

(9) PRESENT POSTOFFICE OF FATHER

McConnick, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

County Sheriff

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

One

## MOTHER.

(14) NAME BEFORE MARRIAGE

Frances Wright

(15) PRESENT POSTOFFICE OF MOTHER

McConnick, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29  
(Years)

(18) BIRTHPLACE

Georgia

(19) OCCUPATION

Housewife

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

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Blue at 12:30 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. W. Cheatham, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

McConnick, 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 Dec. 10, 1922(28) P. A. Matheson

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.