(1) PLACE OF BIRTH

County of Florence S.C.

Township of Effingham

or

Inc. Town of ..... Registration District No. 200X

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

52161

Registered No. 8

(For use of Local Registrar)

(2) **Full Name of Child** Annie 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
Girl		(To be answered only in event of Twins or Triplets)	Yes	May 29 (Name of Month) (Day) 1916 (Year)

FATHER.		MOTHER.	
(8) FULL NAME	R C McLeod	(14) NAME BEFORE MARRIAGE	Bess Grice
(9) PRESENT POSTOFFICE OF FATHER	Timmonsville S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Timmonsville S.C.
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY	36 (Years)	(17) AGE AT LAST BIRTHDAY	31 (Years)
(12) BIRTHPLACE	Florence Co	(18) BIRTHPLACE	Factory Co N.C.
(13) OCCUPATION	Farming	(19) OCCUPATION	Housekeeper
(20) Number of children born to mother, including present birth	1	(21) Number of children of this mother now living, including present birth	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. G. Dicks

(24) State whether Physician or Midwife MD

(25) Address of Physician or Midwife Timmonsville S.C.

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness .....

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

(27) Filed April 10 1916 (28) D C Grice

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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