

(1) PLACE OF BIRTH

County of AndersonTownship of Greenor
Inc. Town ofor
City of

(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

58501

Registration District No. 304Registered No. 74

(For use of Local Registrar)

(2) Full Name of Child Fannie Lou McLeod

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? no(7) DATE OF BIRTH April 22 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie McLeod(15) PRESENT POSTOFFICE OF MOTHER wa(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Anderson S-(19) OCCUPATION field hand(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 at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hannah McLeod(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Barnes

Given name added from a supplemental report

181

Registrar

(26) Witness Mrs. S. M. McLeod
(Signature of Witness necessary only when question 23 is signed by mark)(27) For May 20 1916 (28) S. M. McLeod
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.