

MARGIN RESERVED FOR INDEXING.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of *Cherokee*

Township of *McGowan*

Inc. Town of *McGowan*

City of *McGowan*

(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

3407

Registration District No. *1* Registered No. *1*

(For use of Local Registrar)

2) Full Name of Child *William S. McLeod* If child is not yet named, make supplemental report as directed

(1) BOY or GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb 22 1923* (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME *David Clyde McLeod*

(14) NAME BEFORE MARRIAGE *Ellis Alma Miller*

(9) PRESENT POSTOFFICE OF FATHER *McLeod*

(15) PRESENT POSTOFFICE OF MOTHER *McLeod*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *21* (Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *20* (Years)

(12) BIRTHPLACE *Cherokee Co.*

(18) BIRTHPLACE *Cherokee Co.*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *Housewife*

(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 *born alive or stillborn* as *born alive or stillborn* (Born alive or stillborn) (Month) (A. M. or P. M.) on the date above stated.

(23) (Signature) *W. S. McLeod*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Jane 12 1923
Jane S. Miller

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) *Jane S. Miller*

(27) Filed *Feb 22 1923* (28) Local Registrar *W. S. McLeod*

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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