

(1) PLACE OF BIRTH

County of MecklenburgTownship of Permettsvilleor
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

Registration District No. 2301 Registered No. 183

(For use of Local Registrar)

(2) Full Name of Child Maggie Louise McLeod

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 26 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Leon J. McLeod(9) PRESENT POSTOFFICE OF FATHER Permettsville, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Meat Cutter(20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE May Bingham(15) PRESENT POSTOFFICE OF MOTHER Permettsville, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Deana Shae(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Permettsville, 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 30 1922 (28) Mr. M. M. Tate 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.