

(1) PLACE OF BIRTH

County of York
Township of Ft. Mill
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 2800 - For this Register Only

Registration District No. 4406 Registered No. 87
(For use of Local Registrar)

(2) Full Name of Child Margaret Arlene

Sex Female (M or F)
Type of Birth Normal
Survived Yes (Yes or No)
Date of Birth 11-16-23
(Month) (Day) (Year)

FATHER: Full Name Elisha H. McLeod, Present Postoffice Ft. Mill S.C., Color or Race W, Age at Last Birthday 57, Birthplace S.C., Occupation Farmhand, Number of children born to mother 19.

MOTHER: Name before Marriage Ella Pelt, Present Postoffice W, Color or Race W, Age at Last Birthday 34, Birthplace S.C., Occupation , Number of children of this mother now living 8.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(24) (Signature) J. H. [unclear]
(25) State whether Physician or Midwife
(26) Address of Physician or Midwife 80

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark) A. L. Jarpe
(28) Filed 12/14/23 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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WHEN PLEASED, WITH SPARENESS, WRITE IN PENCIL IN A SEPARATE COLUMN, ONE WORD OR MORE PLAINLY, WITH SPARENESS, THE REASON FOR EACH CHECK, AND THE NAME OF THE PHYSICIAN OR MIDWIFE WHO ATTENDED THE BIRTH. No. 1. THIS OTHER, No. 2. etc., in question 1.