

## (1) PLACE OF BIRTH

County of MaclaineTownship of BennettsvilleIn Town of.....  
or

City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31284

Registration District No. 2301Registered No. 120  
(For use of Local Registrar)(No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

William Wheat

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

9/9/22  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

David Augusta McLeod

(9) PRESENT POSTOFFICE OF FATHER

Bennettsville S.C.R.R.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

24  
(Years)

(12) BIRTHPLACE

North Carolina

(13) OCCUPATION

Refinery

## MOTHER

(14) NAME BEFORE MARRIAGE

Leanne Davis

(15) PRESENT POSTOFFICE OF MOTHER

Bennettsville S.C.R.R.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

23  
(Years)

(18) BIRTHPLACE

Maclaine County

(19) OCCUPATION

Housewife

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

3

(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... 9:00 A.M. ...on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician, Bennettsville 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

Oct 10 1922

(28)

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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