

Form No. 1

(1) PLACE OF BIRTH

Sumter

County of

Township of Privatser.....

OR

Inc. 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

32455

Registration District No. 4104..Registered No. 116.....
(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 Isadore Mathews McLeod.

(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 Twins or Triplets

5) Number in order of birth

(6) Are Parents Married? yes(7) DATE Sept. 18-22.BIRTH.....
(Name of Month) (Day) (Year)FATHER.
1) FULL NAME Lewis Isadore McLeod.

3) PRESENT POSTOFFICE OF FATHER

Tindal, S.C.(11) COLOR OR RACE White(12) AGE AT LAST BIRTHDAY.....
(Years)34

(13) BIRTHPLACE

Sumter County, S.C.

(14) OCCUPATION

Farming

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

TwoMOTHER.
(16) NAME BEFORE MARRIAGE May Geddings

(17) PRESENT POSTOFFICE OF MOTHER

Tindal, S.C.(18) COLOR OR RACE White(19) AGE AT LAST BIRTHDAY.....
(Years)21

(20) BIRTHPLACE

Sumter County, S.C.

(21) OCCUPATION

Housewife

(22) Number of children of this mother now living, including present birth

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was... alive..... at 8 PM A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Lewis McLeod

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife
Tindal, S.C.

Given name added from a supplemental report

(27) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(28) Filed 9-23-1922.....

(29) 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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 3.

MADE IN COLUMBIA, COLUMBIA, S. C.