

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH A LEADING INCH—THIS IS A PLACE WHERE REPORT  
 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 1.

1) PLACE OF BIRTH

County of Marlboro  
 Township of Red Bluff  
 or  
 Inc. Town of McLeod  
 or  
 City of McLeod

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5036

Registration District No. 3305

Registered No. 2  
 (For use of Local Registrar)

City of McLeod (No. 1) St. 1 Ward 1  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Chalo Carlisle Tatum (If child is not yet named, make supplemental report as directed)

3) Sex By 4) Twin or Triplet No 5) Number in order of birth 1 6) Age yes 7) DATE OF BIRTH Jan 18 19 22  
 To be answered only in event of Twins or Triplets (Month) (Day) (Year)

FATHER		MOTHER	
8) FULL NAME <u>Frank Purse Tatum</u>	14) NAME BEFORE MARRIAGE <u>Jessie Boek</u>	9) PRESENT POSTOFFICE OF FATHER <u>McLeod S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>McLeod S.C.</u>
10) COLOR OR RACE <u>White</u>	16) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
12) BIRTHPLACE <u>McLeod, S.C.</u>	18) BIRTHPLACE <u>Laurens, S.C.</u>	13) OCCUPATION <u>Cotton Business</u>	19) OCCUPATION <u>Domestic</u>
20) Number of children born to mother, including present birth <u>5</u>	21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated. (If stillborn) (Hour A. M. or P. M.)

(23) Signature J. C. Moore (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife McLeod S.C.

Given name added from a supplemental report L. A. Riser, Mc  
9/30/43 19 22 Registrar J. D. Neathery  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mother) (27) Filed Jan 30 19 22 Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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.

MEAD & CO. COLUMBIA, S. C.