

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

974

(1) PLACE OF BIRTH
County of Darlington
Township of Darlington
or
Inc. Town of

Registration District No. 1370 Registered No. 8
(For use of Local Registrar)
City of (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 Murray, Howard Neal } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>to be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 16, 1922</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Sidney Joesy Neal</u>			(14) NAME BEFORE MARRIAGE <u>Alma Williams</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Darlington, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Darlington, S.C.</u>	
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>	(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>South Carolina</u>			(18) BIRTHPLACE <u>South Carolina</u>	
(13) OCCUPATION <u>Textile (weaver)</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>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Darlington, S.C.

Given NAME added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness [Signature] (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Feb 1, 1922 (28) [Signature] 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.

If a child breathes even once before the fifth month of pregnancy, this return births

THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THIS OFFICE, NO. 2, ETC., IN QUESTION 5.
 MARYN BERRY FOR BIDDING
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, NO. 1, THIS OFFICE, NO. 2, ETC., IN QUESTION 5.
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