

Form No 1.

(1) PLACE OF BIRTH

County of FairfieldTownship of 8or
Inc. Town ofor
City of(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48958

Registration District No. 1907 Registered No. 5

(For use of Local Registrar)

(2) Full Name of Child Lavania Neal { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 26, 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lee Grant Neal(9) PRESENT POSTOFFICE OF FATHER Nelson, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE Robertson place, Fairfield Co.(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Craig(15) PRESENT POSTOFFICE OF MOTHER Nelson(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Robertson S.C. Fairfield Co.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth { 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 am M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Lavania Proctor Nelson S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness Lee Grant Neal (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 1 1906 (28) J. H. McNeill 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.

FORM NO. 1—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 5.

Cav. of Columbia.