

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of Charleston

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Billy Neiswander3. BOY OR GIRL Girl

(4) Twin or triplet

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH Apr 14, 1922
(Name) (Month) (Day) (Year)

To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME Robt. Edw. Neiswander(9) PRESENT POSTOFFICE OF FATHER Chas. S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Penn.(13) OCCUPATION U.S. Navy(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE May Cator(15) PRESENT POSTOFFICE OF MOTHER Chas. S.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE Cork Ireland(19) OCCUPATION Wm(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:10 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) George Kennedy(24) State whether Physician or Midwife Phys(25) Address of Physician or Midwife Charleston S.C.

(Given name added from a supplemental report)

Edw. Neiswander M.D.2/19/42 19... Registrar

(26) Witness

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

(27) Filed 4/24/22(28) J. A. Neiswander

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.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
10309

Registration District No.

Registered No. 599
(For use of Local Registrar)

(No.)

Ward)

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

(Name) (Month) (Day) (Year)

To be answered only in event of Twin or Triplet

FATHER.

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