

(1) PLACE OF BIRTH

County of Sumter
 Township of Maysville
 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
5320

Registration District No. 4602

Registered No.
 (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 Keller M. Neal

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

(3) Sex Boy (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE Feb 9
 To be answered only in event of Twin or Triplet (Day) (Year)

FATHER.

(8) FULL NAME John M. Neal
 (9) PRESENT POSTOFFICE OF FATHER Maysville SC
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Ann M. Neal
 (15) PRESENT POSTOFFICE OF MOTHER Maysville SC
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 28
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was at 7 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susan E. Benjamin
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Maysville SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 10 1923 (28) C. Cooper Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

MARGINS REMOVED FOR READING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM FOR EACH CHILD, AND MARK ON FIRST-BORN, No. 1. THE OTHER, No. 2, etc. IN QUESTION 1.

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REGISTRATION DISTRICT, SUMTER, S. C.