

## (1) PLACE OF BIRTH

County of Wmnsburg  
 Township of mingo  
 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

36752

Registration District No. 4387Registered No. 44  
(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 Myrtle Mare Neasmyth

(3) BOY OR GIRL? ..... (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 17, 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME G. B. Neasmyth Jr.  
 (9) PRESENT POSTOFFICE OF FATHER Morrisville  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39  
 (Year) .....  
 (12) BIRTHPLACE Wmnsburg  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Eula West  
 (15) PRESENT POSTOFFICE OF MOTHER Morrisville  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34  
 (Year) .....  
 (18) BIRTHPLACE Wmnsburg  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 P.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marcha Jones  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed Oct 5, 22 (28) J. E. Jones  
 Registrar 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.

USE THIS FORM AS A SEPARATE BLANK FOR EACH CHILD, and mark the  
 PREVIOUSLY, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.