

(1) PLACE OF BIRTH

County of Williams
 Township of Clinton
 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

21872

Registration District No. 3304 Registered No. 05
 (For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Luelle McNeal If child is not yet named, make supplemental report as directed

1. SEX Female 2. TWIN or TRIPLE? 1 3. NUMBER IN ORDER OF BIRTH 1 4. ARE PARENTS MARRIED? Yes 5. DATE OF BIRTH July 16, 1923
 To be entered only in event of Twin or Triple (Name of Month) (Day) (Year)

FATHER.

6. FULL NAME William McNeal7. PRESENT POSTOFFICE OF FATHER Clinton8. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)9. BIRTHPLACE Williams Co10. OCCUPATION Farmer12. Number of children born to father including present birth 13

MOTHER.

13. NAME BEFORE MARRIAGE Luelle McNeal14. PRESENT POSTOFFICE OF MOTHER Clinton15. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)16. BIRTHPLACE Williams Co18. OCCUPATION Housewife19. Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) James L. Lee (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 mark)

(27) Filed July 25, 1923 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.

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