

## (1) PLACE OF BIRTH

County of Marlboro  
 Township of Brightsville  
 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  
**31296**

Registration District No. 3302

Registered No. 311  
 (For use of Local Registrar)

(2) Full Name of Child Howard Hedman O'Neal

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 20 1922  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (If child is named, make supplemental report as directed)

FATHER  
 (8) FULL NAME Howard Hedman O'Neal  
 (9) PRESENT POSTOFFICE OF FATHER Gibson N.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)  
 (12) BIRTHPLACE A.C.  
 (13) OCCUPATION Salesman

MOTHER  
 (14) NAME BEFORE MARRIAGE Mary Evalua Ligon  
 (15) PRESENT POSTOFFICE OF MOTHER Gibson N.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1

(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 11 P on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John S. Gibson, M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gibson N.C.

Given name added from a supplemental report

(26) Witness SC  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 30 1922 (28) Not Sub  
 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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