

Form No 1.

## (1) PLACE OF BIRTH

County of TyroneTownship of Highlandor  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46405

Registration District No. 2211 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child Cornell Cecil O'Neal If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>January 20</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Edward O'Neal(9) PRESENT POSTOFFICE OF FATHER Tyrone(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie M. S. Kinney(15) PRESENT POSTOFFICE OF MOTHER Tyrone(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 alive at 1:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. Lindsay(24) State whether Physician or Midwife (25) Address of Physician or Midwife Tyrone

Given name added from a supplemental report

, 191...

Registrar

(26) Witness

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

(27) Filed 1:28 1915 (28) J. C. Lindsay 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.

N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia.