

NOTE: 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.

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of Net Pleasant

or
(City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
17912

Registration District No. 9-B

Registered No. 20
(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 William Randal Mc Neal

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

3) BOY OR GIRL? Boy 4) Twin or Triplet? To be answered only in event of Twins or Triplets 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 28 22
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Chas Mc Neal

9) PRESENT POSTOFFICE OF FATHER Net Pleasant

10) COLOR OR RACE Colored 11) AGE AT LAST BIRTHDAY 36
(Years)

12) BIRTHPLACE Net Pleasant SC

13) OCCUPATION Carpenter

20) Number of children born to mother, including present birth 17

MOTHER.

14) NAME BEFORE MARRIAGE Victoria Campbell

15) PRESENT POSTOFFICE OF MOTHER Net Pleasant SC

16) COLOR OR RACE Colored 17) AGE AT LAST BIRTHDAY 31
(Years)

18) BIRTHPLACE Net Pleasant SC

19) OCCUPATION House wife

21) Number of children of this mother now living, including present birth 16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... alive... at 3 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Net Pleasant SC

Given name added from a supplemental report

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

(27) Filed June 28 1922 (28) [Signature] 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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