

(1) PLACE OF BIRTH,

County of *Orangeburg*Township of *Stacy Hill*

Inc. Town of

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

Registration District No. *212* .. Registered No. *5* ..

(For use of Local Registrar)

(2) Full Name of Child *Holly Dawn Neal*

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

(3) SEX OR CIVIL <i>Boy</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age in years <i>year</i>	(7) DATE OF BIRTH <i>March 23</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Lemuel K. Neal*(9) PRESENT POSTOFFICE OF FATHER *Talbot P.O.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *24* (Year)(12) BIRTHPLACE *Wagon P.O.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *5*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lucie Todd*(15) PRESENT POSTOFFICE OF MOTHER *Talbot P.O.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *21* (Year)(18) BIRTHPLACE *Robert G. P.O.*(19) OCCUPATION *Housewife*(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 *Lucie* at *7:30* P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) *Lucie Todd*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(26) Given name added from a supplemental report

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

(27) Filed *5/28* 1923. (29) *J. T. Owens* 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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