

(1) PLACE OF BIRTH

County of Flomies
Township of Naumach

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

42494

Inc. Town of or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Registration District No. 2016Registered No. 38
(For use of Local Registrar)

2) Full Name of Child

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

3) BOY OR GIRL?

(4) Twin 2 girls or Triplet? no
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH Dec. 5, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Chalmers M^cNeill(9) PRESENT POSTOFFICE OF FATHER Hymman SC R2(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Blosson SC.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Gaddy.(15) PRESENT POSTOFFICE OF MOTHER Hymman SC. - R2.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Blosson(19) OCCUPATION Housework.(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was living at 4 A. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Mrs. W. W. McAlister
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hymman SC R2.

Given name added from a supplemental report

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Registrar

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

(27) Filed Dec 28, 1922 (28) W. H. Poston 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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