

## (1) PLACE OF BIRTH

County of FairfieldTownship of 8or  
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

File No.—For State Registrar Only

46134

Registration District No. 1901 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Samuel Inapp McNeil If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married no(7) DATE OF BIRTH January 16 19116

To be answered only in case of Twins or Triplets

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Black

(11) BIRTHPLACE

(12) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Black

(17) BIRTHPLACE

(18) OCCUPATION

(19) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive 12:40 noon, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Loraine Hagen

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

midwifeBelton, S.C.

Given name added from a supplemental report

(26) Witness Ann McNeil  
(Signature of Witness necessary only when question 23 is signed by male)(27) Filed Jan 25 19116 (28) J. H. C. K. J. H. C. K. 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.

MARGIN RESERVED FOR INDEXING.  
WHITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.  
A. B.—In case of TWINS OR TRIPLETS use a SEPARATE FORM No. 2, etc., in question 3.  
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.