

(1) PLACE OF BIRTH
 County of Fairfield
 Township of 8

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

File No. — For State Registrar Only
46134

or
 Inc. Town of Registration District No. 1901 Registered No. 1
 or
 City of (No. Sl; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Samuel Inapp McNeil 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>no</u>	(7) DATE OF BIRTH <u>January 16 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME James Inapp

(9) PRESENT POSTOFFICE OF FATHER Ridgeway, S.C. #2

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Fairfield County

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel McNeil

(15) PRESENT POSTOFFICE OF MOTHER Ridgeway, S.C. #2

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 15 (Years)

(18) BIRTHPLACE Fairfield County

(19) OCCUPATION Farm Laborer

(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 born alive 12:40 noon, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lorainia Inapp
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Belton, S.C.

Given name added from a supplemental report
 _____, 191...

 Registrar

(26) Witness Ann McNeil
 (Signature of Witness necessary only when question 23 is signed by mother)
 (27) Filed Jan 25 1916 (28) J. H. C. K. J. K. Local Registrar

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY. WITH LEADING INK—THIS IS A PERMANENT RECORD.
 A. B.—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 3.
 M. C. W. of Columbia

*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.