

(1) PLACE OF BIRTH

County of BeaufortTownship of BeaufortInc. Town of Seabrook S.C.

City of

(No. St.; Ward)
(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 HealthFile No. - For State Register Only
16792Registration District No. 400 Registered No. 222
(For use of Local Registrar)(2) Full Name of Child Ella McNeal If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 20, 23
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry McNeal(9) PRESENT POSTOFFICE OF FATHER Seabrook S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 50
(Year)(12) BIRTHPLACE Seabrook S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 17

MOTHER.

(14) NAME BEFORE MARRIAGE Attline Small(15) PRESENT POSTOFFICE OF MOTHER Seabrook S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35
(Year)(18) BIRTHPLACE Seabrook S.C.(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M.
on the date above stated. (Date, day or stillborn) (Hour, day or P. M.)(22) (Signature) Anna H. Washington
(23) State whether Physician or Midwife Midwife and Address of Physician or Midwife Seabrook S.C.

Given name added from a supplemental report

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

(25) Filed July 6, 1923 (26) W. H. Wilson
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.