Form No. 1

(1) PLACE OF BIRTH

County of Marlboro

Township of Bolton

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
160

Registration District No. 3304 Registered No. 17
(For use of Local Registrar)

(No. ..... St., ... Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number

(2) Full Name of Child Isabell M. Neill (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL: Girl
4. Twin or Triplet? To be answered only in event of Twins or Triplets
5. Number in order of birth
6. Are Parents Married? Yes
7. DATE OF BIRTH: Feb 9 1923 (Name of Month, Day, 19 Year)

FATHER

8. FULL NAME: William M. Neill
9. PRESENT POSTOFFICE OF FATHER: Clio S C
10. COLOR OR RACE: White
11. AGE AT LAST BIRTHDAY: 37 Years
12. BIRTHPLACE: S C
13. OCCUPATION: Farmer
20. Number of children born to mother, including present birth: 5

MOTHER

14. NAME BEFORE MARRIAGE: Sarah Nicholson
15. PRESENT POSTOFFICE OF MOTHER: Clio S C
16. COLOR OR RACE: White
17. AGE AT LAST BIRTHDAY: 34 Years
18. BIRTHPLACE: S C
19. OCCUPATION: Weaver
21. Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White (Born alive or stillborn) at 2 1-2 M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Winlock Rose M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report .....

..... 19 .....
(Month) (Day)

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 24 1923 (28) W. N. Workley
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 be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.

WRITE PLAINLY, with ink (or typewriter). Use only Black or Blue-Black ink. Do not use pencil. Be sure to make a permanent record.
If—If the space for any item is too small, use a separate sheet of paper and attach hereto. Number each item to correspond with the number of the item for which it is used.
Data required by law; all should be answered if known.
Return to State Registrar, Columbia, S. C.