

(1) PLACE OF BIRTH

County of Richland

Township of .....

Inc. Town of .....

City of Columbia

(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 HealthRegistration District No. 38-2File No.—For State Registrar Only  
**66020**Registered No. 164

(For use of Local Registrar)

SL; ..... Ward)

(2) Full Name of Child

Neelchunga

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>11</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 10, 1916</u>
				(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Will Neelchunga(14) NAME BEFORE MARRIAGE Leticia McPherson(9) PRESENT POSTOFFICE OF FATHER 1812 Bowwell St(15) PRESENT POSTOFFICE OF MOTHER 1812 Bowwell(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE P.C.(18) BIRTHPLACE P.C.(13) OCCUPATION Laborer(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 11(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

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

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed Jan 7 1916 (28) [Signature] 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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. 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 5.

McCaw, of Columbia.