

Form No. 3

## (1) PLACE OF BIRTH

County of Colleton  
 Township of Wardlaw  
 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

29780

Registration District No. 1409 Registered No. 7  
 (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 Emma M. Neal (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL girl 4. Twin or Triplet? + (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 9, 1921  
 (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Arthur M. Neal

9. PRESENT POSTOFFICE OF FATHER Hallulio PL

10. COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 28  
 (Years)

12. BIRTHPLACE PL

13. OCCUPATION Farming

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

## MOTHER.

14. NAME BEFORE MARRIAGE Wic M. Neal

15. PRESENT POSTOFFICE OF MOTHER Hallulio PL

16. COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 20  
 (Years)

18. BIRTHPLACE PL

19. OCCUPATION Housewife

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 at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Ann Anderson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hallulio PL

Given name added from a supplemental report

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

(27) Filed Oct. 9, 1921 7.4 Mrs. Priscilla P. Pugh  
 Registrar 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.