

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 6.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of BarnwellTownship of 11OR
Inc. Town of 1OR
City of 1

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Ann Neely(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplet

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Oct. 28, 1921
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr. R. C. Neely(9) PRESENT POSTOFFICE OF FATHER Barnwell S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE Ill.(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Marine Lawton(15) PRESENT POSTOFFICE OF MOTHER Barnwell S.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(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 Alive at 1:20 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(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 23 is signed by mark)

(27) Filed Nov 7, 1922 (28) C. E. Smith 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.

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CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

34552

Registration District No. 22ARegistered No. 533
(For use of Local Registrar)(No. 1000 St.; 1000 Ward)

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