

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 5.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Barnwell
 Township of

OF
 Inc. Town of

OR
 City of

(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 Nealey

(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 Sept 29, 1921
 (Name of Month) (Day) (Year)

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

MOTHER.
 (14) NAME BEFORE MARRIAGE Marie Lawton
 (15) PRESENT POSTOFFICE OF MOTHER Barnwell S.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34
 (Year)
 (18) BIRTHPLACE P.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 1:00 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 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.

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.

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. 22A Registered No. 533
 (For use of Local Registrar)

(No. Quinta St.; rd Ward)

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