

Form No. 1

## (1) PLACE OF BIRTH

County of FlamoraTownship of Cain

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

3840

Registration District No. 2001 Registered No. 25  
(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

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

3. BOY OR GIRL Boy 4. Twin or Triplet To be answered only in case of Twin or Triplet 5. Number in order of birth 16. Are Parents Married Yes7. DATE OF BIRTH Feb. 16, 1923  
(Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Louis McNeil9. PRESENT POSTOFFICE OF FATHER Pamphlico10. COLOR OR RACE negro 11. AGE AT LAST BIRTHDAY 44 (Year)12. BIRTHPLACE S.C.13. OCCUPATION Farmer14. Number of children born to mother, including present birth 1114. NAME BEFORE MARRIAGE Angerona Eaddy15. PRESENT POSTOFFICE OF MOTHER Pamphlico16. COLOR OR RACE negro 17. AGE AT LAST BIRTHDAY 35 (Year)18. BIRTHPLACE S.C.19. OCCUPATION Housewife20. Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 1:20 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Miss J. J. J.(23) State whether Physician or Midwife midwife(24) Address of Physician or Midwife Pamphlico

(When name added from a supplemental report)

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

(26) Filed Feb. 18, 1923 (27) M. T. Palmer 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.