

## (1) PLACE OF BIRTH

County of YorkTownship of YorkInc. Town of YorkCity of York

(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 Health

File No. - For State Registrar Only

26713

Registration District No. 4405Registered No. 66

(For use of Local Registrar)

(2) Full Name of Child Robert S. Neal

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

(3) BOY OR GIRL B(4) Twin or Triplet X(5) Number in order of birth X(6) Are Parents Married Yes(7) DATE OF BIRTH July 19 22(8) FATHER'S FULL NAME Edward G. Neal(9) PRESENT POSTOFFICE OF FATHER Rock Hill SC(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 30(12) BIRTHPLACE P.C. Moultrie(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 8(15) MOTHER'S FULL NAME Anna V. Neenan(16) PRESENT POSTOFFICE OF MOTHER P.O. #3(17) COLOR OR RACE W.(18) AGE AT LAST BIRTHDAY 37(19) BIRTHPLACE Cheshford Co SC(20) OCCUPATION Wm(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Hour A. M. or P. M.) 10:30 A.(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

Gavin J. CareyNov 19 1922

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

(27) Filed 9/13/23(28) Local Registrar [Signature]

\*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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