

## (1) PLACE OF BIRTH

County of ChesterTownship of Magallowayor  
Inc. Town of .....or  
City of .....(No. .... St. .... Ward)  
(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

10488

Registration District No. 1103 Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child James Neal

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Apr. 18, 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME William Neal(9) PRESENT POSTOFFICE OF FATHER Richburg, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE Chester Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

## MOTHER

(14) NAME BEFORE MARRIAGE Ola Darkley(15) PRESENT POSTOFFICE OF MOTHER Richburg(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19  
(Years)(18) BIRTHPLACE Chester Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at P.A.M.  
on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)(23) (Signature) Manly C. Caldwell

(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 22 is signed by mark)

(27) Date Apr 22(28) Registrar S. Simpson

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.