

(1) PLACE OF BIRTH

County of McCormick
 Township of Cashman
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39318

Registration District No. 4500 Registered No. 150
 (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 William David McNeill Jr. (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 Nov. 28, 1922
 (Names of Month) (Day) (Year)

FATHER.

(8) FULL NAME William David McNeill Sr.

(9) PRESENT POSTOFFICE OF FATHER RFB #3 Abbeville SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
 (Year)

(12) BIRTHPLACE Abbeville County SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Louise Metts

(15) PRESENT POSTOFFICE OF MOTHER RFB #3 Abbeville SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
 (Year)

(18) BIRTHPLACE Abbeville County SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:45 P. M. on the date above stated.
 (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) W. B. McNeill(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Abbeville SC

Given name added from a supplemental report

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

(27) Filed Dec. 10, 1922 (28) 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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