

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofor
City of Columbia

(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

2280

Registration District No. 38^aRegistered No. 164

(For use of Local Registrar)

(No. 1527 Hampton

St.

Ward)

(2) Full Name of Child Dorothy May McNeal

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

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> Is born second or is one of two or three	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 26</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME <u>Walter Ernest Samuel McNeal</u>	(14) NAME BEFORE MARRIAGE <u>Marston King</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia S.C.</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Liverpool Eng.</u>	(18) BIRTHPLACE <u>Hamilton N.Y.</u>
(13) OCCUPATION <u>Minister</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive, at 12:00 P.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) <u>J. H. H. H. H.</u>	(25) Address of Physician or Midwife <u>2412 Creston</u>
(24) State whether Physician or Midwife <u>P.</u>	

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar 20 1943 (28) C. G. H. H. H. 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.