

(1) PLACE OF BIRTH

County of C. Jones
 Township of Revere
 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

31501

Registration District No. 4562 Registered No. 72
 (For use of Local Registrar)

City of (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 Harvard 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 76 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lee Neal
 (9) PRESENT POSTOFFICE OF FATHER West Union Sc
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
 (Years)
 (12) BIRTHPLACE West Union Sc
 (13) OCCUPATION Timbering
 (14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Bryant
 (15) PRESENT POSTOFFICE OF MOTHER West Union Sc
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
 (Years)
 (18) BIRTHPLACE Revere Co Ga
 (19) OCCUPATION Housewife
 (20) 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 born alive at 10 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edaline Neal(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife West Union Sc

Given name added from a supplemental report

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

(27) Filed Oct 22 (28) Sam W Smith 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.

WHEN THIS FORM IS USED IN A JURISDICTION WHERE THE BIRTH OF A CHILD IS NOT REPORTED TO THE LOCAL REGISTRAR, THE REGISTRAR OF THE STATE OF SOUTH CAROLINA, COLUMBIA, S. C., WILL BE ADVISED BY THE REGISTRAR OF THE JURISDICTION WHERE THE BIRTH OCCURRED, AND THE REGISTRAR OF THE STATE OF SOUTH CAROLINA WILL BE ADVISED BY THE REGISTRAR OF THE JURISDICTION WHERE THE BIRTH OCCURRED.