

Form No. 1

(1) PLACE OF BIRTH

County of DillonTownship of Carroll

Inc. Town of.....

City of.....

(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

42070

Registration District No. 160 Registered No. 125
(For use of Local Registrar)(2) Full Name of Child Ella O. McNeil (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Dec 25 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Frank Manning(9) PRESENT POSTOFFICE OF FATHER Unknown(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Public work(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ellenahy McNeil(15) PRESENT POSTOFFICE OF MOTHER Home(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE Florida(19) OCCUPATION Farm work(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 midnight on the date above stated.
(Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Georgiana Cobb(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rowland, N.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 6 23 (28) W. M. Lellan
Registrar 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.