

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

6839

Registration District No.

Registered No.

(For use of Local Registrar)

(No. of Street)

St.

Ward

(2) Full Name of Child

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Perry M. C. Neil

(9) PRESENT POSTOFFICE OF FATHER

Chas. S. C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

40

(12) BIRTHPLACE

Chas. S. C.

(13) OCCUPATION

Merchant

MOTHER

(14) NAME BEFORE MARRIAGE

Reicha M. C. Neil

(15) PRESENT POSTOFFICE OF MOTHER

Chas. S. C.

(16) COLOR OR RACE

C

(17) AGE AT LAST BIRTHDAY

29

(18) BIRTHPLACE

Summerville S. C.

(19) OCCUPATION

Domestic

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

5

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, on the date above stated.

(Born alive or stillborn) at. H. A. M. (Hour A. M. or P. M.)

(23) (Signature)

(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 23 is signed by mark)

(27) Filed

19 22

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.

Registrar

Filed

19 22

Corrected

19 22

19 22