

(1) PLACE OF BIRTH

County of Washington
 Township of St. John
 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

3914

Registration District No. 1806 Registered No. 14
 (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 Floyd McNeal (If child is not yet named, make supplemental report as directed)

3 SEX OR GIRLS Boy 4 Twin or Triplet? No 5 Number in order of birth 4 6 Are Parents Married? Yes 7 DATE OF BIRTH Jan 26, 1922
 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Francis M. Neal

9 PRESENT POSTOFFICE OF FATHER W. R. N. #1

10 COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 22 (Year)

12 BIRTHPLACE Washington Co.

13 OCCUPATION Farmer

14 Number of children born to mother, including present birth 11

MOTHER.

14 NAME BEFORE MARRIAGE Alta Robinson

15 PRESENT POSTOFFICE OF MOTHER Lurman St.

16 COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 19 (Year)

18 BIRTHPLACE Washington Co.

19 OCCUPATION Housewife

20 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. Holloman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Washington Co.

Given name added from a supplemental report

(26) Witness R. M. Jones (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 1922 (28) R. M. Jones 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.