

(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

18908

Registration District No. 386Registered No. 475

(For use of Local Registrar)

St. Ward

(2) Full Name of Child

Neil

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thomas Neil

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(10) COLOR OR RACE

C

(11) AGE AT LAST BIRTHDAY

(Year)

43

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Transfer Driver

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Ruth Penn

(15) PRESENT POSTOFFICE OF MOTHER

Columbia

(16) COLOR OR RACE

C

(17) AGE AT LAST BIRTHDAY

(Years)

25

(18) BIRTHPLACE

S. C.

(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 alive at 6 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Penn

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

14 16 Hampton

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 5 1923(28) W. H. Sloan

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.

Before the fifth month of pregnancy.