

(1) PLACE OF BIRTH

County of Marechal
 Township of Lead Bluff
 or
 Inc. Town of M.C. Carr
 or
 City of S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

21883

Registration District No. 9305Registered No. 95
(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

Charles Edwin McNeill (Supplemental report as directed)

(3) SEX
Boy(4) Twin
 or Triplet(5) Number in
 order of birth(6) Are
 Parents
 Married No

(7) DATE

BIRTH

(Name of Month) (Day) (Year)

July 18 1923

FATHER.

(8) FULL
 NAME(9) PRESENT
 POSTOFFICE
 OF FATHER(10) COLOR
 OR
 RACE(11) AGE AT LAST
 BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(15) NAME BEFORE
 MARRIAGE(16) PRESENT
 POSTOFFICE
 OF MOTHER(17) COLOR
 OR
 RACE(18) AGE AT LAST
 BIRTHDAY

(19) BIRTHPLACE

(20) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born live or stillborn) (Born A. M. or P. M.)
 on the date above stated.

(23) (Signature)

(24) State Physician

(25) Address of Physician or Midwife

Given name added from a supplement-
 al report

(26) Witness

(Signature of Witness necessary only
 when question 23 is signed by mark)(27) Filed July 20 1923

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.