

(1) PLACE OF BIRTH

County of Florence
Township of Danush

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42495

or
Loc. Town of Registration District No. 2016 Registered No. 39
(For use of Local Registrar)
or
City of (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

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

(1) BOY OR GIRL? girl (4) Twin 2 girls (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 5 1927
(Name of Month) (Day) (Year)
To be answered only in case of twins or triplets

FATHER.

(8) FULL NAME Shadrach McNeill
(9) PRESENT POSTOFFICE OF FATHER Hyman SC R. 2.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Blossom SC
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Eaddy
(15) PRESENT POSTOFFICE OF MOTHER Hyman SC R. 2.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Blossom SC
(19) OCCUPATION House work
(20) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. W. W. McAlister
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hyman SC

Given name added from a supplemental report

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

(27) Filed Dec 20 1927 (28) W. H. Poston 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.

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