

(1) PLACE OF BIRTH

County of Marion
 Township of Reaves
 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

35546

Registration District No. 3705 Registered No. 86
 (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 Bonnie McNeil 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 July 13 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John McNeil

(9) PRESENT POSTOFFICE OF FATHER Opelike NC

(10) COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Harrogate NC

(13) OCCUPATION farm work

(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Carmichael

(15) PRESENT POSTOFFICE OF MOTHER Mullins NC

(16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Marion County NC

(19) OCCUPATION Home & farm work

(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Bonnie McNeil at 12:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Smith M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician

Given name added from a supplemental report

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

(27) Filed 9/5/22 (28) J. H. Smith 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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