# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 2459

(1) PLACE OF BIRTH

County of York

Township of York
or
Inc. Town of .....
or
City of .....

Registration District No. 44 Registered No. 1 (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. Zelma Estelle Neil } If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL?

(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)

(5) Number in order of birth: 7

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: Jan. (Name of Month) 12 (Day), 1915 (Year)

**FATHER.**

(8) FULL NAME: Sam Preston Neil

(9) PRESENT POSTOFFICE OF FATHER: Yorkville RFD #5

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 39 (Years)

(12) BIRTHPLACE: York Co

(13) OCCUPATION: Farmer

(20) Number of children born to mother, including present birth: 7

**MOTHER.**

(14) NAME BEFORE MARRIAGE: Esta Estell McKnight

(15) PRESENT POSTOFFICE OF MOTHER: Yorkville RFD #5

(16) COLOR OR RACE: White

(17) AGE AT LAST BIRTHDAY: 34 (Years)

(18) BIRTHPLACE: York Co

(19) OCCUPATION: Housework

(21) Number of children of this mother now living, including present birth: 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:15 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Geo. L. Barron

(24) State whether Physician or Midwife: M. D.

(25) Address of Physician or Midwife: Yorkville S. C.

Given name added from a supplemental report
..... 191....
..... Registrar

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

(27) Filed Jan. 12 1915 (28) Geo. L. Barron 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.

FORM NO. 5.
MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
W. P. McCaw, of Columbia.

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