

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.
 MEDIAN OF COLUMBIA, COLUMBIA, U. S.

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

County of Spertanburg
 Township of Cross Anchor
 or
 Inc. Town of
 or
 City of

Registration District No. 4073 Registered No. 113.....
 (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.)

File No.—For State Registrar Only
91848

(2) Full Name of Child Loeia Neal

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 6, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lam Neal
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE Spertanburg Co.
 (13) OCCUPATION Mill work
 (20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Jamie Hayes
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Pickens Co. S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) C. D. Hanna
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

 19 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 12, 1916 (28) C. D. Hanna 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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