

22 050055

1. PLACE OF BIRTH **WELLSBORO COUNTY** Standard Certificate of Birth
 County of **WELLSBORO** STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Township of **Hope**
 or **Greelyville** Registration District No. **4301** Registered No. **1975**
 Inc. Town of **Greelyville** (For use of Local Registrar)
 or **R-1**
 City of **R-1** (No. **1** St.; **1** Ward)
 (If birth occurs in hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD **Neil Thomas Allen** (If child is not yet named, make supplemental report as directed.)

3. Sex or Girl **Boy** If Plural Births **1** 4. Twin, triplet, or other **1** 5. Number, in order of birth **1** 6. Premature **no** Full term **yes** 7. Are Parents **yes** Married **yes** 8. Date **Oct 16th 77** birth (Month, day, year) 19**77**

9. Full name **Thomas O Allen** FATHER 18. Name before **Mary Macauley Bruner** MOTHER

10. Residence (mailing address) **Greelyville** 19. Residence (mailing address) **Greelyville**
 (If non-resident, give place and State) (If non-resident, give place and State)

11. Color of race **white** 12. Age at last birthday **46** (Years) 20. Color of race **white** 21. Age at last birthday **42** (Years)

13. Birthplace (city or place) **SC** 22. Birthplace (city or place) **SC**
 (State or country) (State or country)

14. Trade, profession, or particular kind of work done **Postal Mail Carrier** 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. **Domestic**

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. **Postal Mail Carrier** 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. **Domestic**

16. Date (month and year) last engaged in this work **1977** 17. Total time (years) spent in this work **2 yrs** 25. Date (month and year) last engaged in this work **1977** 26. Total time (years) spent in this work **2 yrs**

27. Number of children of this mother (At time of birth and including this child). (a) Born alive and now living **9** (b) Born alive but now dead **0** (c) Stillborn **0**

28. If stillborn, period of gestation **months** **weeks** 29. Cause of stillbirth **Before labor** **During labor**

Specify any physical deformities of child at birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born alive** at **8:15** m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) **W. M. O'Bryan**, M.D.

Given name added from **Rachael Gamble** a supplemental report **Midwife**
 (Date of)

Address **Greelyville**
 Filed **June 21 1978** **W. W. D. Matthews**

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)