

(1) PLACE OF BIRTH

County of Georgetown  
 Township of #1  
 or  
 Inc. Town of #3  
 or  
 City of #3

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4208

Registration District No. 2102 Registered No. Y  
 (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 Elma Neely (If child is not yet named, make supplemental report as directed)

1. BOY OR GIRL girl 2. Twin or Triplet No 3. Number in order of birth 1 4. Are Parents Married? yes 5. DATE OF BIRTH Feb 7 22  
 (Name of Month) (Day) (Year)

FATHER.

6. FULL NAME Lee Neely  
 7. PRESENT POSTOFFICE OF FATHER Georgetown  
 8. COLOR OR RACE white 9. AGE AT LAST BIRTHDAY 35  
 10. BIRTHPLACE Sampit  
 11. OCCUPATION Farming  
 12. Number of children born to mother, including present birth 1

MOTHER.

13. NAME BEFORE MARRIAGE Delier Lambert  
 14. PRESENT POSTOFFICE OF MOTHER Georgetown  
 15. COLOR OR RACE white 16. AGE AT LAST BIRTHDAY 24  
 17. BIRTHPLACE Sampit  
 18. OCCUPATION Housewife  
 19. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Marion Wilson (24) State whether Physician or Midwife Midwife (25) Address of Physn or Midwife Georgetown S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) 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.