

(1) PLACE OF BIRTH
County of *Dickens*
Township of *Easley*
or
Inc. Town of *Easley*
or
City of *Easley*

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

File No.—For State Registrar Only
31809

Registration District No. **3703** Registered No. **73**
(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.
(No. St. Ward)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child *James Henry Neelott*

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <small>Information not in case of stillbirth</small>	(6) Are Parents Married?	(7) DATE OF BIRTH <small>(Name of Month) (Year)</small>
FATHER		MOTHER		

(8) FULL NAME *John Neelott*
PRESENT POST OFFICE *Easley, S.C.*
(FATHER)

(9) COLOR OR RACE *Colored*
(10) AGE AT LAST BIRTHDAY *56*
(Years)

(11) BIRTHPLACE *Dickens County, S.C.*

12) OCCUPATION *Farmhand*

(13) Number of children born to mother, including present birth *11*

(14) NAME BEFORE MARRIAGE *Mary Blasina*

(15) PRESENT POST OFFICE OF MOTHER *Easley, S.C.*

(16) COLOR OR RACE *Colored*
(17) AGE AT LAST BIRTHDAY *35*
(Years)

(18) BIRTHPLACE *Dickens County, S.C.*

(19) OCCUPATION *Farmhand*

(20) Number of children of this mother now living, including present birth *6*

(21) I hereby certify that I attended the birth of this child, who was *stillborn*, at *9 A.M.*
on the date above stated. (Corp. alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) *James H. Neelott, M.D.* (23) (Signature of Physician or Midwife) *Easley, S.C. #43*
(24) State whether Physician or Midwife *Midwife*

Given name added from a supplemental report

101....

Registrar

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

(26) Filed *Sept 16, 1941, 2:45 P.M.* *J.H. Neelott*
(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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