

Form No. 1.

(1) PLACE OF BIRTH

County of York
Township of Myer

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

54207

Inc. Town of Registration District No. 4407 Registered No. 31
(For use of Local Registrar)
City of (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. Beatrice Willette Neely ... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 4 1916</u> (Name of Month) (Day) (Year)
--------------------------------	--	--	--	--

FATHER.

(8) FULL NAME Robt Neely
(9) PRESENT POSTOFFICE OF FATHER Bowling Green SC
(10) COLOR OR RACE Cul (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Anderson Co. NC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth, 1

MOTHER.

(14) NAME BEFORE MARRIAGE Beatrice Webb
(15) PRESENT POSTOFFICE OF MOTHER Bowling Green SC
(16) COLOR OR RACE Cul (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Gaston Co. NC
(19) OCCUPATION Housekeeper
(21) 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 11:30 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) M. B. Neely M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191...

Registrar

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

(27) File Mar 26 1916 (28) J. C. Brison 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. E.—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. McCaw, of Columbia.