

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PRECISE STATE DOCUMENT.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and omit the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
McCaw of Columbia.

(1) PLACE OF BIRTH
County of Greenville
Township of Greenville
or
Inc. Town of Marion
or
City of Greenville
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 2209 Registered No. 566
(For use of Local Registrar)
St. 16 Ward

(2) Full Name of Child Wallace Neefe { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 59 1914
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Will Neefe</u>	(14) NAME BEFORE MARRIAGE <u>Lenora Good</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>La Grasso, Ark</u>	(18) BIRTHPLACE <u>Early St</u>	(19) OCCUPATION <u>Teacher</u>	(21) Number of children of this mother now living, including present birth <u>4</u>
(20) Number of children born to mother, including present birth <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born at 1 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Dr. J. H. Maitrey
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Greenville St
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 11 1914 (28) A. H. Maitrey 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 ninth month of pregnancy.