

(1) PLACE OF BIRTH

County of York
 Township of St. Mills
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

45464-2

Registration District No. 4-4-26 Registered No. 163
 (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 Inf. Richard Neely (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH Nov-21-22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Neely
 (9) PRESENT POSTOFFICE OF FATHER St. Mills S.C.
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 35
 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Springer
 (15) PRESENT POSTOFFICE OF MOTHER St. Mills S.C.
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 27
 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Melvinia Miller
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Mills, 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 12-1-22 (28) A. L. Parks 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.