

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor  
Inc. Town of Greenvilleor  
City of Greenville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

89991

Registration District No. 22 A Registered No. 502  
(For use of Local Registrar)

## (2) Full Name of Child

If child is not yet named, make supplemental report as directed

|                              |                      |                              |                                     |   |
|------------------------------|----------------------|------------------------------|-------------------------------------|---|
| (3) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>12 26 1916</u><br>(Name of Month) (Day) (Year) |
|------------------------------|----------------------|------------------------------|-------------------------------------|---|

## FATHER.

(8) FULL NAME W. A. Neal(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Charlotte, N.C.(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Sadie Allen(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Greenville, S.C.(19) OCCUPATION Teacher(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 born, at 12 10 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191 .....

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Registrar

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

(27) Filed Dec 31 1916 (28) [Signature] 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.

MUST BE FILLED, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 2.

M. C. C. of Columbia