

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH  
County of Laurens, S.C.  
Township of Walter  
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  
**35287**

Registration District No. 2907 Registered No. 72  
(For use of Local Registrar)

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

(2) Full Name of Child Bessie Neely If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age Parents Married	(7) DATE OF BIRTH <u>Oct 18</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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**FATHER.**  
(8) FULL NAME John Neely  
(9) PRESENT POSTOFFICE OF FATHER Laurens, S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 42 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Framming  
(20) Number of children born to mother, including present birth 6

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Lila Cunningham  
(15) PRESENT POSTOFFICE OF MOTHER Laurens, S.C.  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Framming  
(21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was liven At 10 M., on the date above stated. (Born alive or stillborn? hour M. or P. M.)

(23) (Signature) Martha Brison  
(24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Laurens, S.C.

Given name added from a supplemental report

(26) Witness F. P. P. Lauf  
(Signature of Witness necessary only when question 23 is signed by mark.)  
(27) Filed Nov 10 1922 (28) F. P. P. Lauf 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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