

Form No 1.

(1) PLACE OF BIRTH

County of York
Township of Ebony

Inc. Town of

City of

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

(2) Full Name of Child Marta Mary Neely { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? B(4) Twin or Triplet? Yes
To be answered only in case of twins or triplets(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH 12 21 5
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eugene M. Neely(9) PRESENT POSTOFFICE OF FATHER Beaune(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Chick Co. Ga.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Emmie Cullen(15) PRESENT POSTOFFICE OF MOTHER Beaune(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE Amherst Co. Va.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B at 3:00 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) D. J. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

Given name added from a supplemental report

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Registrar

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

(27) Filed 1/10/1916 (28) D. J. Smith 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. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the M. M.—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. McGraw, of Columbia.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15049

Registration District No. 4405 Registered No. 97
(For use of Local Registrar)

(No. SL; Ward)