

F. N. 9425

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Greenwood

Township of

or
Inc. Town ofor
City of Due West R 70

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of HealthRegistration District No. 2314Registered No.
(For use of Local Registrar)2. FULL NAME OF CHILD Willie R. C. Neeley

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

3. Boy or Girl <u>boy</u> <input checked="" type="checkbox"/>	If Plural births	4. Twins, triplets or other.....	6. Premature.....	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>May 1</u> , 19 <u>23</u> (Month, day, year)
		5. Number, in order of birth.....	Full term <u>x</u>		

9. Full
name FATHER
Willie Neeley10. Residence (mailing address) (died 8/5/44)
(If non-resident, give place and State) R 70 Due West11. Color or race neg 12. Age at last birthday 49 (years)13. Birthplace (city or place) Anderson, S.C.
(State or country)14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. farmer15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.16. Date (month and year) last
engaged in this work
until 1935 19.....17. Total time (years)
spent in this work.....18. Name before
marriage MOTHER
Willie Posley19. Residence (mailing address)
(If non-resident, give place and State) R 70 Due West20. Color or race neg 21. Age at last birthday 41 (years)22. Birthplace (city or place) Anderson, S. C.
(State or country)23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc. house wife & farmer24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.25. Date (month and year) last
engaged in this work
until 1935 19.....26. Total time (years)
spent in this work.....27. Number of children of this mother
(At time of birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 028. If stillborn, months
period of gestation..... weeks 29. Cause of stillbirth.....
Before labor.....
During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. on the date above stated

(When there was no attending physician
or midwife, then the father, householder,
etc., should make this report)(Signed) Willie Lee (x) Neeley, Parent
Wm. H. Posley, GuardianGiven name added from
a supplementary report.....Address 18 Monroe Street, Inwood, N.Y.Filed Jan 10, 1946 Thos. P. Lesesne

State Registrar

Local Registrar