

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 of.....  
or  
City of Due West R 70

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

Registration District No. 2314 Registered No. ....  
(For use of Local Registrar)

23 046621  
00577

Only

(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 Willie R. C. Neeley } If child is not yet named, make supplemental report as directed.

3. Boy or Girl boy  If Plural births } 4. Twins, triplets or other.....  
5. Number, in order of birth.....  
6. Premature..... Full term  7. Are Parents yes Married? yes 8. Date of birth May 1, 1923  
(Month, day, year)

9. Full name Willie Neeley FATHER  
10. Residence (mailing address) (died 8/5/44)  
(If non-resident, give place and State) R 70 Due West

18. Name before marriage MILLIE POSLEY MOTHER  
19. Residence (mailing address) R 70 Due West  
(If non-resident, give place and State)

11. Color or race neg 12. Age at last birthday 49 (years)  
13. Birthplace (city or place) Anderson, S.C.  
(State or country)

20. Color or race neg 21. Age at last birthday 41 (years)  
22. Birthplace (city or place) Anderson, S. C.  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.....  
16. Date (month and year) last engaged in this work 1923 19.....  
17. Total time (years) spent in this work.....

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. house wife & farmer  
24. 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 1923 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 0

28. If stillborn, period of gestation..... months 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 return) W. L. Neeley (Signed) Willie Lee (x) Neeley, Parent

Given name added from W. L. Neeley Guardiana supplementary report 1057 1/2 St. N.Y. Address 18 Monroe Street, Inwood, N.Y.Filed Jan 10, 1946 Thos. P. Lesesne

State Registrar

Local Registrar