

Form No. 1

(1) PLACE OF BIRTH

County of LenoirTownship of Brooksville

or

Inc. Town of Brooksville

or

City of Brooksville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43356

Registration District No. 3000 Registered No. 62
(For use of Local Registrar)(No. 62 St.; 62 Ward)(2) Full Name of Child William Robert Neely If child is not yet named, make supplemental report as directed

3) SEX OR GIRL	4) Twin or Triplet	5) Number in order of birth	6) Are Twins Registered?	7) DATE OF BIRTH <u>May 27, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Sam R. Neely

(9) PRESENT POSTOFFICE OF FATHER Brooksville N.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Lee Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Hoke

(15) PRESENT POSTOFFICE OF MOTHER Brooksville N.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Lee Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 7 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. M. Neely(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Brooksville N.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 1923(28) Local Registrar Wm. M. Neely

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.