

(1) PLACE OF BIRTH

County of Greene
 Township of Greene
 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
77391

Registration District No. 2306 Registered No. 139
 (For use of Local Registrar)

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 Ilella Neese { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin yes (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 30, 1916
To be answered only in event of Twins or Triplets (Name of Month), (Day) (Year)

FATHER.
 (8) FULL NAME Samuel Neese
 (9) PRESENT POSTOFFICE OF FATHER Rt 4 Greenwood
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Tennessee
 (13) OCCUPATION mill operative
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Fannie Ilella Blizzard
 (15) PRESENT POSTOFFICE OF MOTHER Rt 4 Greenwood, Ga.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16 (Years)
 (18) BIRTHPLACE Fairfield County
 (19) OCCUPATION domestic
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was born alive at M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. M. Symmes, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife 204 Greenwood St.

Given name added from a supplemental report
 191....

 Registrar

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

(27) Filed Oct. 10, 1916. (28) A. R. Barber 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 INDEXING.
 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.
 McCaw, of Columbia.