

Form No. 1

## (1) PLACE OF BIRTH

County of GreeneTownship of Greene

Inc. Town of .....

City of .....

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

## 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. 2306Registered No. 139

(For use of Local Registrar)

(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

Sept. 30, 1916

## FATHER.

(8) FULL NAME

Samuel Neese

(9) PRESENT POSTOFFICE OF FATHER

Rt 4 Greenwood, Ga.

(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

(14) NAME BEFORE MARRIAGE

Fannie Ilella Blizard

(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

(21) 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 4 P.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, Ga.

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) S. R. Barlow

(29)

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.