

## (1) PLACE OF BIRTH

County of Sanford

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

22067

Township of .....

Inc. Town of WinnboroRegistration District No. 14Registered No. 12

(For use of Local Registrar)

City of ..... (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 No Name

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

(3) BOY OR GIRL? Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 5 1922 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Will W. Neely(9) PRESENT POSTOFFICE OF FATHER Winnboro S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Richland Co. S.C.(13) OCCUPATION Mill Operator(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Welcher(15) PRESENT POSTOFFICE OF MOTHER Winnboro S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Greenville S.C.(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 alive 5:30 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Paul J. Neely

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Winnboro S.C.

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 June 28 19122 (28) P. M. Haynes 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.

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