

(1) PLACE OF BIRTH
County of Greenville

Township of

or
Inc. Town of
or Greenville

City of (No. St. Ward)
 (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
17738

(2) Full Name of Child Baby Neal 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 17th, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John A. Neal

(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Drayman

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Bradley

(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29
(Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Washwoman

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive, at 11:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosie Gearull

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville, S. C.

Given name added from a supplemental report

..... 101.....

..... Registrar

(26) Witness

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

(27) Filed June 17, 1923 (28) R. L. Smith 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.

Before the fifth month of pregnancy.