

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Greenville STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Greenville State Board of Health
 Inc. Town of Registration District No. 2306
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
77390

Registered No. 138
 (For use of Local Registrar)

(2) Full Name of Child. Ella Neese

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? yes (5) Number in order of birth 2 (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.

MOTHER.

(8) FULL NAME David Neese

(14) NAME BEFORE MARRIAGE Frankie Theda Benyard

(9) PRESENT POSTOFFICE OF FATHER R 2 Greenwood, S.C.

(15) PRESENT POSTOFFICE OF MOTHER R 2 Greenwood, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)

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

(12) BIRTHPLACE Tennessee

(18) BIRTHPLACE Fairfield County

(13) OCCUPATION mill operative

(19) OCCUPATION domestic

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

(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 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) J. W. Synnnes, M.D.
 (24) State whether Physician or Midwife Physician

Dr. Greenwood, S.C.

Given name added from a supplemental report

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

(27) Filed Oct. 10, 1916 (28) L. R. B. ... 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 BINDING.
 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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.