

(1) PLACE OF BIRTH

County of *Anderson*Township of *Anderson*Inc. Town of *Anderson*City of *Anderson*

(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 HealthNo. — For State Registrar Only
19741Registration District No. *3A*Registered No. *225-*
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL?

Boy

(4) Sex of Child

Male

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

July 7, 1933

(8) Year of Birth

1933

FATHER.

(9) FULL NAME

*Jesse Neal**27*

(10) PRESENT POSTOFFICE OF FATHER

*Ing. D.C.**27*

(11) COLOR OR RACE

*Colored**27*

(12) BIRTHPLACE

*Anderson**27*

(13) OCCUPATION

*Superintendent**27*

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

1

MOTHER.

(15) NAME BEFORE MARRIAGE

*Etta Ruby**27*

(16) PRESENT POSTOFFICE OF MOTHER

*Ing. D.C.**27*

(17) COLOR OR RACE

*Colored**27*

(18) BIRTHPLACE

*Anderson**27*

(19) OCCUPATION

*Washing**27*

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 23 is signed "No")

(26) Filed

19

(27)

ANDERSON

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

Filed *2/21*

1931

Julia McAllister
Registrar.