

THIS IS A PERMANENT RECORD. 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 1.

(1) PLACE OF BIRTH

County of Aiken
 Township of Wright
 or Town of Graniteville Registration District No. 2-B Registered No. 20
 or City of CAKAL (No. 20 St.; 20 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Earl Edward Reneau (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>March 23</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Hezekiah Harvey Reneau</u>			(14) NAME BEFORE MARRIAGE <u>Dorence Louise Cebanon</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Graniteville, SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Graniteville SC</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Year)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Year)	
(12) BIRTHPLACE <u>Aiken Co.</u>		(18) BIRTHPLACE <u>Aiken Co.</u>		
(13) OCCUPATION <u>extile</u>		(19) OCCUPATION <u>extile</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) B. Turnbull, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Graniteville, SC

Given name added from a supplemental report

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

(27) Filed March 9th 1925 (28) B. Turnbull, M.D. 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.

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.