

FORM NO. 1.

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH

County of Greenville STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
43049

Township of _____
 or
 Inc. Town of Judsonville Registration District No. 209 Registered No. 48
 or
 City of Greenville (No. R.F.D. # 7) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.: _____ Ward: _____

(2) Full Name of Child Baby Reeves } 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>	(5) Number in order of birth _____ <small>To be answered only in case of Twin or Triplet</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 17 1915</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Earl Reeves

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

(10) COLOR OR RACE Negr (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Greenville S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth Four (4)

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Hawthorn

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

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Greenville S.C.

(19) OCCUPATION House keeper

(21) Number of children of this mother now living, including present birth Four (4)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was live 11-45 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) J. L. Ledbetter M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Greenville

Given name added from a supplemental report _____
 _____ 191____

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Dec 29 1915 (27) Filed _____ (28) A. H. Mankie Local Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc. in question 5.
 McCaw, of Columbia

*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.

K O D A K