

(1) PLACE OF BIRTH

County of Anderson
 Township of Williamston
 OR
 Inc. Town of Belzer, S.C.
 OR
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 3

40-782-101

Registered No. 152
 (For use of Local Registrar)

(No. St.;)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 5, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul Reeves(9) PRESENT POSTOFFICE OF FATHER Belzer S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Acorn Beauty(13) OCCUPATION Mill work(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Florence Warengale(15) PRESENT POSTOFFICE OF MOTHER Belzer S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE H. B.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Bundy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 6, 1922 (28) W. L. French 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.