

Form No. 1

(1) PLACE OF BIRTH

County of *Marion*Township of *Reaves*

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

12040

Registration District No. *3705* Registered No. *28*

(For use of Local Registrar)

(2) Full Name of Child *Reatha Pitman*

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

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>May 30 1925</i> (Name of Month) (Day) (Year)
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FATHER	
(8) FULL NAME <i>Doc Pitman</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Mullins</i>
(10) COLOR OR RACE <i>B</i>	(11) AGE AT LAST BIRTHDAY <i>37</i>
(12) BIRTHPLACE <i>Horry Co.</i>	(13) OCCUPATION <i>Farmer</i>
(20) Number of children born to mother, including present birth <i>8</i>	

MOTHER	
(14) NAME BEFORE MARRIAGE <i>Lula Reaves</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Mullins</i>
(16) COLOR OR RACE <i>B</i>	(17) AGE AT LAST BIRTHDAY <i>28</i>
(18) BIRTHPLACE <i>Marion Co.</i>	(19) OCCUPATION <i>D. W.</i>
(21) Number of children of this mother now living, including present birth <i>5</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *7:19* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Menda Reaves*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness *H. M. Schuller*

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

(27) Filed *Yes*19 *25*(28) *H. M. Schuller* 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.