

(1) PLACE OF BIRTH

County of MarionTownship of Reames

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. 3705Registered No. 28

(For use of Local Registrar)

(No. St. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Reatha Pitman

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age Parents Married 2 yrs.(7) DATE OF BIRTH May 30 1925

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

(8) FULL NAME FATHER Rock Pitman(9) NAME BEFORE MARRIAGE MOTHER Lula Reaves(9) PRESENT POSTOFFICE OF FATHER Mullins(15) PRESENT POSTOFFICE OF MOTHER Mullins(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 37(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 28(12) BIRTHPLACE Hammer(18) BIRTHPLACE Marion Co.(13) OCCUPATION Farmer(19) OCCUPATION D. W.(20) Number of children born to mother, including present birth 8(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 born alive at 7:19 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Munda X. Reaves

(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 in blank)

(27) Filed

1925

(28) H. M. Schuller

Local Registrar

1925 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.