

## (1) PLACE OF BIRTH

County of Beaufort Co.

Township of .....

Inc. Town of .....

City of Parris Island

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16789

Registration District No. 600 Registered No. 217

(For use of Local Registrar)

(2) Full Name of Child Charlotte Mildred Reeves 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

Is to be given only in case of twins or triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH June 13 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Worth Cary Reeves(9) PRESENT POSTOFFICE OF FATHER Parris Island SC(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Dupont miss(13) OCCUPATION Sgt. US Marine Corps(14) Number of children born to mother, including present birth Two

## MOTHER.

(15) NAME BEFORE MARRIAGE Agnes Ida Phillips(16) PRESENT POSTOFFICE OF MOTHER Parris Island SC(17) COLOR OR RACE W. (18) AGE AT LAST BIRTHDAY 36 (Years)(19) BIRTHPLACE Milwaukee Wis.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive 9:55 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) E. P. Reeves M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Parris Island SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 16 1923

(28)

W. H. K. K. K. 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.