

(1) PLACE OF BIRTH

County of YorkTownship of York

or

Inc. Town of York

or

City of York

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3103

File No.—For State Registrar Only

19379Registered No. 59
(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 Mary Mildred Reese If child is not yet named, make supplemental report as directed1. BOY OR GIRL Girl4. Twin or Triplet? No(5) Number in order of birth One
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH June 11, 1937
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter E. Reese(9) PRESENT POSTOFFICE OF FATHER York, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE York, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Lee Watson(15) PRESENT POSTOFFICE OF MOTHER York, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 16
(Years)(18) BIRTHPLACE York, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Alive... at 11:30 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. Reese, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

W. A. Reese, M.D.

19... Registrar

(26) Witness

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

(27) Filed 7/3 1937(28) J. C. Lybrand 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.

*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.