

ALGIN INK-USED IN THE HINDING.
WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH

County of Williamsburg

Township of Kingslee S.C.

or

Inc. Town of

or

City of

(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

44916

Registration District No. 43A

Registered No. 11

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Charles Loyd Reeves

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 2

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oscar Heams

(9) PRESENT POSTOFFICE OF FATHER Williams S.C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 21

(Years)

(12) BIRTHPLACE Williams S.C.

(13) OCCUPATION Brick Mason

(20) Number of children born to mother, including present birth 2

2nd

MOTHER.

(14) NAME BEFORE MARRIAGE Lela Smith

(15) PRESENT POSTOFFICE OF MOTHER Kingslee S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 22

(Years)

(18) BIRTHPLACE Kingslee 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 6:30 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. H. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife M.D. ...

Given name added from a supplemental report

(26) Witness ...

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

(27) Filed June 5

(28)

... 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.

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