

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Greenville

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

85848

Township of Greenville

or

Inc. Town of Marion

or

City of Greenville

Registration District No. 2209

Registered No. 566

(For use of Local Registrar)

(No. Spine St. 16 Ward)

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

(2) Full Name of Child Wallace Reefe

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 Nov 50

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Will Reep

(14) NAME BEFORE MARRIAGE Jessie Good

(9) PRESENT POSTOFFICE OF FATHER Greenville

(15) PRESENT POSTOFFICE OF MOTHER Greenville

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE La Grasso, N.C.

(18) BIRTHPLACE Early St

(13) OCCUPATION Police

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 1 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jessie Good

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Greenville St

Given name added from a supplemental report

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

(27) Filed Dec 11 1916 (28) A H Mackay 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 ninth month of pregnancy.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PRECISELY CONTROLLED FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5. McCaw, of Columbia.