

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Polk</u>		STATE OF SOUTH CAROLINA		65941	
Township of <u>Liberty</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of <u>Liberty</u>		Registration District No. <u>3705</u>		Registered No. <u>64</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Ann Lee Reeves</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 13 1916</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Geo. H. Reeves</u>			(14) NAME BEFORE MARRIAGE <u>Emmie Webb</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Liberty</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Liberty</u>		
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>37</u>		
(11) AGE AT LAST BIRTHDAY <u>38</u>			(18) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Anderson Co. S.C.</u>			(19) BIRTHPLACE <u>Anderson Co. S.C.</u>		
(13) OCCUPATION <u>merchant</u>			(20) OCCUPATION <u>Housewife</u>		
(21) Number of children born to mother, including present birth <u>3rd</u>			(22) Number of children of this mother now living, including present birth <u>3rd</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(23) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>1 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(24) (Signature) <u>W. M. Langford</u>					
(25) State whether Physician or Midwife <u>Liberty S.C.</u>					
Given names added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 19			(27) Dated <u>July 1 1916</u>		
Registrar			(28) Local Registrar <u>John T. Soyars</u>		
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.					