

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.
 W. McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Newberry **GERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of No. 10
 or
 Inc. Town of Registration District No. 3401 Registered No. 8
 or
 City of (No. 7 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. James T. Reeves If child is not yet named, make supplemental report as directed.

File No.—For State Registrar Only
49932

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 16 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Walter Reeves</u>	(14) NAME BEFORE MARRIAGE <u>Olla Rikard</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Prosperity S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Prosperity S.C.</u>			
(10) COLOR OR RACE <u>black</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	(16) COLOR OR RACE <u>black</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Newberry County S.C.</u>	(18) BIRTHPLACE <u>Newberry County S.C.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House Keeper</u>			
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was Born alive at 12.15 A. on the date above stated.
 (23) (Signature) H. L. Bower M.D. Little Rock, Ark.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Little Rock, Ark.

Given name added from a supplemental report
James T. Reeves 1916
W. McCaw Registrar

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed MAR. 15 1916 (28) W. D. Counts 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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