

(1) PLACE OF BIRTH

County of FairfieldTownship of 8or
Inc. Town of
or

City of (No. St.; Ward)

(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

72618

Registration District No. 1901 Registered No. 51

(For use of Local Registrar)

(2) Full Name of Child Cleveland Peets { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 26, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Sol Peets(9) PRESENT POSTOFFICE OF FATHER Ridgeway S C(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE S C(13) OCCUPATION farming(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lora Reese(15) PRESENT POSTOFFICE OF MOTHER Ridgeway S C(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE S C(19) OCCUPATION farming(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 74 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) midwife J. M. Lee(24) State whether Physician or Midwife (25) Address of Physician or Midwife Ridgeway S C

Given name added from a supplemental report

, 191....

Registrar

(26) Witness Mattie Cook
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 9, 1916 (28) J. B. Shappell 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.

MARGIN RESERVED FOR BINDING.

WRITE PL

WRITE PL

WRITE PL

WRITE PL

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Cav. of Columbia.