

(1) PLACE OF BIRTH

County of

Jelington

Township of

or  
Inc. Town of

Cay Co. S.C.

City of

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

(2) Full Name of Child C. D. Reaves

(3) BOY OR  
GIRL Boy(4) Twin  
or Triplet? 1(5) Number in  
order of birth 1(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTH Jan 6 1929

(Name of Month) (Day) (Year)

MOTHER

(8) FULL  
NAME

W. S. Reaves

(9) PRESENT  
POSTOFFICE  
OF FATHER

Cay Co. S.C.

(10) COLOR  
OR  
RACE

Color

(11) AGE AT LAST  
BIRTHDAY 21 (Years)

(12) BIRTHPLACE

Jelington C.D.

(13) OCCUPATION

public work

(14) Number of children born to  
father, including present birth

2

(14) NAME BEFORE  
MARRIAGE

Annie Blakey

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Cay Co. S.C.

(16) COLOR  
OR  
RACE

Color

(17) AGE AT LAST  
BIRTHDAY 20 (Years)

(18) BIRTHPLACE

Jelington C.D.

(19) OCCUPATION

house wife

(20) Number of children of the mother  
now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Rosa Kelly, M.D. Jelington

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement  
report

(26) Witness

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

(27) Filed 3/6 1929

(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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