

THIS IS A PERMANENT RECORD.
 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
 County of Berkeley
 Township of 2. S. E.
 or
 Inc. Town of James
 or
 City of _____ (No. _____ 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 Reese, Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 1, 1922
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>James Reese</u>	(14) NAME BEFORE MARRIAGE <u>Annie Monttrie</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Mt. Holly, S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mt. Holly, S. C.</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>colored</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(12) BIRTHPLACE <u>Berkeley Co.</u>	(18) BIRTHPLACE <u>Berkeley Co.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Field hand</u>
(20) Number of children born to mother, including present birth <u>9</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Sallie Wilson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mt. Holly, S. C.

Given name added from a supplemental report _____ (26) Witness Edmund H. Harmon (Signature of Witness necessary only when question 23 is signed by mark)

_____, 19____ Registrar (27) Jan. 10, 1923 (28) R. L. Harmon 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.

_____, 19____ Registrar

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