(1) PLACE OF BIRTH

County of Anderson

Township of ....."....

or

Inc. Town of....."....

or

City of ....."....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
20824

Registration District No. 3A Registered No. 252
(For use of Local Registrar)

(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 Elena Alice Reese

If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) July (Day) 2 (Year) 1922
			Yes	

FATHER.

(8) FULL NAME Selbert Reese

(9) PRESENT POSTOFFICE OF FATHER Anderson

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Merchant

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Tollerson

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 o'clock A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J B Simmons

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report .....

..... 19 .... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) F. B. CRAYTON,

(27) Filed .....19 .... (28) ..... ANDERSON, S. C. 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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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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

McCAW, of COLUMBIA, COLUMBIA, S. C.