

(1) PLACE OF BIRTH

County of WayneTownship of Lawor  
Inc. Town ofor  
City of

(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

28322

Registration District No. 2009Registered No. 112

(For use of Local Registrar)

(2) Full Name of Child

Murlee Reese

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Andrew Reese

(9) PRESENT POSTOFFICE OF FATHER

Leo, SC.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

37

(12) BIRTHPLACE

SC

(13) OCCUPATION

Arming

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

4th

## MOTHER.

(15) NAME BEFORE MARRIAGE

Bertha Reese

(16) PRESENT POSTOFFICE OF MOTHER

Leo, SC.

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

37

(19) BIRTHPLACE

SC

(20) OCCUPATION

House Wife

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

4th

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed

10/2/23

(27)

PL Reese

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. If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.