

## (1) PLACE OF BIRTH

County of Harrell

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52163

Township of Effingham

or

Inc. Town of

Registration District No. 2004Registered No. 14

(For use of Local Registrar)

City of

(No. 1)St. 14Ward 14

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

(2) Full Name of Child Emma Louis Revere

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

(3) BOY GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE BIRTH <u>March, 12 1916</u> (Name of Month) (Day) (Year)
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(To be answered only in case of Twins or Triplets)

## FATHER.

(8) FULL  
NAME Myers Revere(9) PRESENT  
POSTOFFICE  
OF FATHER Effingham(10) COLOR  
OR  
RACE white (16) AGE AT LAST  
BIRTHDAY 54  
(Years)(12) BIRTHPLACE D.C.(13) OCCUPATION Teacher(20) Number of children born to  
mother, including present birth { 3

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Reesa Teodder(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE White (17) AGE AT LAST  
BIRTHDAY 40  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother  
now living, including present birth { 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 10 P M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dorcas P. P. P.

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

MidwifeGiven name added from a supplement  
report(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) File 6 (28) D. C. Revere  
Local RegistrarWhen 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.

NEARLY ALL BIRTHS ARE REPORTED BY THE FATHER, HOUSEHOLDER, ETC., AND NOT BY THE MIDWIFE. IN SUCH CASES THE FATHER, HOUSEHOLDER, ETC., SHOULD SIGN THE CERTIFICATE. IN CASE OF TWINS OR TRIPLETS, THE FATHER, HOUSEHOLDER, ETC., SHOULD SIGN THE CERTIFICATE. IN CASE OF TWINS OR TRIPLETS, THE FATHER, HOUSEHOLDER, ETC., SHOULD SIGN THE CERTIFICATE. IN CASE OF TWINS OR TRIPLETS, THE FATHER, HOUSEHOLDER, ETC., SHOULD SIGN THE CERTIFICATE.