

(1) PLACE OF BIRTH

County of Charleston S.C.
 Township of Charleston S.C.
 Inc. Town of Charleston S.C.
 or Charleston S.C.
 City of Charleston S.C.

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

File No.—For State Registrar Only

10318

610

Registration District No. 9A

Registered No. 610
(For use of Local Registrar)(No. 9. Mary)

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

Walter Reaves

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?yes(7) DATE OF
BIRTH April 14th 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEOliver Reaves(9) PRESENT
POSTOFFICE
OF FATHERCharleston S.C.(10) COLOR
OR
RACEcolored(11) AGE AT LAST
BIRTHDAY 38
(Years)

(12) BIRTHPLACE

Florida

(13) OCCUPATION

Carpenter.(20) Number of children born to
mother, including present birth3

MOTHER.

(14) NAME BEFORE
MARRIAGEBeatrice Brown(15) PRESENT
POSTOFFICE
OF MOTHERCharleston S.C.(16) COLOR
OR
RACEcolored(17) AGE AT LAST
BIRTHDAY 22
(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

House work(21) Number of children of this mother
now living, including present birth3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:30 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Albie Doley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. R.Given name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 25 is signed by mark)(27) Filed 4/20 22

19

(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.

IN CASE OF TWINS OR TRIPLETS, AND IN CASE OF STILLBIRTH, NO. 1, THIS OFFICE, NO. 2, ETC., IN QUESTION 3.
 RECORDS IN COLUMBIA, COLUMBIA, S. C.