

(1) PLACE OF BIRTH

County of AndersonTownship of Piedmontor Town PiedmontCity of Piedmont

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3 BNo. 38498—for State Registrar Only

38498

Registered No. 89

(For use of Local Registrar)

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

(2) Full Name of Child Nellie Reeves

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

(3) SEX OF CHILD <u>Girl</u>	(4) Type of Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Is child named <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 10, 1923</u>
------------------------------	-------------------------------	---------------------------------------	-------------------------------	--

FATHER.		MOTHER.	
(8) FULL NAME <u>D. H. Reeves</u>	(14) NAME BEFORE MARRIAGE <u>Fessie Brown</u>	(9) PRESENT RESIDENCE OF FATHER <u>Piedmont S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Piedmont S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u>
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>mill work</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A.M. on the date above stated. (Indicate by stillborn. (Hour A. M. or P. M.))(23) (Signature) Lara Reeves(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Piedmont S.C.

Given name added from a supplemental report

(25) Witness J. M. Poole (Signature of Witness necessary only when question 22 is signed by mother)(26) Date Dec. 23, 1923 (27) Place Piedmont S.C.

When there was no attending physician or midwife, then the father, householder, etc., should make report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.