CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
42764

(1) PLACE OF BIRTH
County of Richland
Township of .....
or
Inc. Town of .....
or
City of .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 19.3 Registered No. 48
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

2) Full Name of Child Lee Everett Reese (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet? (Is it married with account of twins or triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			no	Dec 5 1915

FATHER.

(8) FULL NAME Will Reese

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Reese

(15) PRESENT POSTOFFICE OF MOTHER Winnsboro SC

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 15 (Years)

(18) BIRTHPLACE Richland Co, SC

(19) OCCUPATION Mill Operative

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) 5 P. M. (Hour A. M. or P. M.)

(23) (Signature) Lauil Seabrook

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

Given name added from a supplemental report ..... 191..

Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 2 1915 (28) by W. W. Tyler Local Registrar

* Where 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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MAILING REMINDER: Please mail this certificate promptly.
WHERE PLURALS, WITH LIKE ANSWERS ARE REQUIRED, THIS IS A REMINDER TO REGISTER.
N. B.—In case of twins or triplets, there will be a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 2, etc., in question 5.