

(1) PLACE OF BIRTH

County of AuroraTownship of Mayevilleor
Inc. Town of.....

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 HealthRegistration District No. 4102

File No.—For State Registrar Only

79422

Registered No. 96
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child John Reese

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 2 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Reese(9) PRESENT POSTOFFICE OF FATHER Mayeville, S.C.(10) COLOR OR RACE colored(11) AGE AT LAST BIRTHDAY 37
(Years)(12) BIRTHPLACE McBride Plantation(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Sylvia Loney(15) PRESENT POSTOFFICE OF MOTHER Mayeville, S.C.(16) COLOR OR RACE colored(17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE McBride Plantation(19) OCCUPATION House Wife(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 alive at 10 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carolina Ben(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Mayeville, S.C.

Given name added from a supplemental report

See Affidavit
4/27/1918
P. B. Registrar

(26) Witness

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

(27) Filed Sept 5 1916

(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.