

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

COMMONWEALTH OF SOUTH CAROLINA, S. C.

(1) PLACE OF BIRTH

County of Allendale  
Township of Wilson  
OR  
Inc. Town of.....  
OR  
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**40704**

Registration District No. 6555 Registered No. 54  
(For use of Local Registrar)

(2) Full Name of Child Henry Mars Reese

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 6 22  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Ben Reese  
(9) PRESENT POSTOFFICE OF FATHER Barton S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farm Laborer  
(20) Number of children born to mother, including present birth 2

MOTHER  
(14) NAME BEFORE MARRIAGE Seldonia Frazier  
(15) PRESENT POSTOFFICE OF MOTHER Barton S.C.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Farm Laborer  
(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 at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. S. Sullivan  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lawrence S.C.

Given name added from a supplemental report  
.....  
.....  
..... 19 ..  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Dec 9 22 (28) J. L. Reese  
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 reports desired of stillbirths before the fifth month of pregnancy.

attending phys  
even once, it