

## (1) PLACE OF BIRTH

County of AndersonTownship of Harrison

Loc. 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 Health

Registration District No. ....

File No. — For State Registrar Only

**13679**Registered No. ....  
(For use of Local Registrar)

St.: ..... Ward)

(2) Full Name of Child James Edwin Reese

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

1. BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

May 19 1922  
(Name of Month) (Day) (Year)

## FATHER.

2. FULL NAME Wesley Brother Reese3. PRESENT POSTOFFICE OF FATHER Liberty S C Route 1(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 20  
(Years)12. BIRTHPLACE Anderson Co. S.C.13. OCCUPATION Farming20. Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Gillespie(15) PRESENT POSTOFFICE OF MOTHER Liberty, S.C. Route 1(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE Anderson Co. S.C.(19) OCCUPATION Domestic(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 alive at 2 P. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) W. A. Sheldon, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Liberty S C

Give name added from a supplemental report

(26) Witness

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

19. Registrar

(27) Filed

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.

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