

(1) PLACE OF BIRTH

County of ShushawTownship of Buffalo

Incl. 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

File No.—For State Registrar Only

19096

Registration District No. .... Registered No. ....

(For use of Local Registrar)

St.; ..... Ward)

2) Full Name of Child .....

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

(3) BOY or GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 26 1912  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lester Reeves(9) PRESENT POSTOFFICE OF FATHER Shushaw Co(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Shushaw Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Maude Whitley(15) PRESENT POSTOFFICE OF MOTHER Shushaw Co(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Shushaw Co S.C.(19) OCCUPATION Housewife(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 12-5-a M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. P. Reeves(24) State whether Physician or Midwife (25) Address of Physician or Midwife Shushaw Co

Given name added from a supplemental report

....., 191....

Registrar

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

(27) 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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