

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town of

or

City of W. Greenville

(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

42747

Registration District No. 22098Registered No. 417

(For use of Local Registrar)

(No. 15 Burdett St.

St.; Ward)

(2) Full Name of Child Margaret Reese

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

(3) BOY OR GIRL girl(4) Twin or Triplet? 1(5) Number in order of birth 4(6) Are Parents Married? yes

(7) DATE OF

BIRTH Dec 3 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Calmidge Reese(9) PRESENT POSTOFFICE OF FATHER Greenville SC(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE US(13) OCCUPATION mechanic(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Daniel(15) PRESENT POSTOFFICE OF MOTHER Same(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE US(19) OCCUPATION Dom(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. W. Boyd M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed Dec 3 1922 Local Registrar Mrs. May

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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