

(1) PLACE OF BIRTH

County of BerkleyTownship of 2nd St. James

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 756..... Registered No. 61.....

(For use of Local Registrar)

(No. St. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) SEX OR GROWTH <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Jan 25 1914</u> Month (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>John A. Reeves</u>			(14) NAME BEFORE MARRIAGE <u>Eula J. Taylor</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Edison</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Edison</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Year)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Year)	
(12) BIRTHPLACE <u>Kingstree, S.C.</u>			(18) BIRTHPLACE <u>Marchoke, Canada</u>	
(13) OCCUPATION <u>Lockman Foreman</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1 girl</u>			(21) Number of children of this mother now living, including present birth <u>1 girl</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated. (Born alive or not born) (Hour A. M. or P. M.)(23) (Signature) Charles D. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 10 1914(28) R. G. Harmon(29) 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.