

Form No. 1

(1) PLACE OF BIRTH

County of Orange

Township of

or

Inc. Town of Walhalla

or

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

43865

Registration District No. 34-PRegistered No. 73

(For use of Local Registrar)

(2) Full Name of Child William Levi Reeves(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb 20 1922
(Name of Month) (Day) (Year)

FATHER.

(8) NAME William Levi Reeves(9) PRESENT POSTOFFICE OF FATHER Walhalla(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Orange(13) OCCUPATION Cotton Mill(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Rochester(15) PRESENT POSTOFFICE OF MOTHER Walhalla(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Orange(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 white at 10:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. J. Sloan(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Walhalla S.C.

Given name added from a supplemental report

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

(27) Filed Feb 23 1922 (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.

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.

MOBAY OF COLUMBIA, COLUMBIA, S. C.