

(1) PLACE OF BIRTH

County of NewberryTownship of #10or
Inc. Town ofCity 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

39462

Registration District No. 2401Registered No. 80
(For use of Local Registrar)

(No. St. Ward)

2) Full Name of Child Willie L. Reeves If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Sept. 24 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rufus Reeves(9) PRESENT POSTOFFICE OF FATHER Pomaria(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth: 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Holman(15) PRESENT POSTOFFICE OF MOTHER Pomaria(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE S C(19) OCCUPATION Farm hand(20) 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 8 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) George Anna Holman(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Pomaria

Gives name added from a supplemental report:

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

(27) Filed Dec 10 22 (28) Elberta Sease 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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