

PLACE OF BIRTH

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA

2/365A

City of Charleston

Bureau of Vital Statistics
State Board of Health

County of _____

Registration District No. 2A

Registered No. _____

Town of Charleston

(No. 168 Smith St. St. _____ Ward _____)

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

FULL NAME OF CHILD Benjamin David Reese

If child is not yet named, give name of child

Boy or Girl Boy

4. Sex or Triplet

5. Number in order of birth

6. Was Married? YES

7. DATE OF BIRTH

Feb. 4th, 1932

To be covered only in case of Twins or Triplets

Child of _____

FATHER FULL NAME Benjamin Reese

14. NAME BEFORE MARRIAGE

Ella Cohen

PRESENT RESIDENCE OF FATHER City

15. PRESENT RESIDENCE OF MOTHER

City

COLOR OR RACE Negro

11. AGE AT LAST BIRTHDAY 25 (Years)

16. COLOR OR RACE Negro

17. AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Georgetown, Co. S. C.

18. BIRTHPLACE Johns Island, S. C.

OCCUPATION Stevedore - Water Front

19. OCCUPATION Laundress - At home

Number of children born to mother, including present birth 4

21. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P.M. (Hour A.M. or P.M.) on the date above stated.

23. Signature Anna Bryan

25. Address of Physician or Midwife

24. State whether Physician or Midwife

Midwife

Short St.

Even name added from a supplemental report

26. _____

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

Sept. 12, 1932

Leon Benov, M.D.

27. Filed _____

19 _____

28 _____

Local Registrar

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 children before the 24th month of age.