

(1) PLACE OF BIRTH

County of *Spaulding*

Township of *State*

or

Inc. Town of

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

79325

Registration District No. *4008*

Registered No. *654*

(For use of Local Registrar)

(No. *1* St. *1* Ward)

(2) Full Name of Child *Clyde Elmer Reese*

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

(3) SEX

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

FULL NAME

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *1:30 a.m.* (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) FILE

(28) *E. F. Parker* Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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