

(1) PLACE OF BIRTH
County of *Spaulding*
Township of *State Agency*
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. *4004* Registered No. *654*
(For use of Local Registrar)

(2) Full Name of Child: *Clyde Elmer Reese* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? BOY GIRL
(4) Twin or Triplet?
To be answered only in event of twins or triplets
(5) Number in order of birth *7*
(6) Are Parents Married? *Yes*
(7) DATE OF BIRTH *Aug. 7 1916*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Dennis Rice*
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *25*
(Years)
(12) BIRTHPLACE *Tenn*
(13) OCCUPATION *mill ag.*
(14) Number of children born to father, including present birth *7*

MOTHER.
(14) NAME BEFORE MARRIAGE *Janice Hightower*
(15) PRESENT POSTOFFICE OF MOTHER *Fair Fork, S.C.*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *30*
(Years)
(18) BIRTHPLACE *Knewville, S.C.*
(19) OCCUPATION *House wife*
(21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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.)

(23) (Signature) *W. Hoan, M.D.*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Spaulding, S.C.

Area name added from a supplemental report
..... 191
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by name)
(27) FILED *Aug 18 1916* (28) *E. F. Parker*
Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.