

(1) PLACE OF BIRTH
County of Aiken

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
2694

Township of

Inc. of Langley

City of

Registration District No. 2. L. 7a Registered No. 17

(For use of Local Registrar)

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

(2) Full Name of Child Leon Reece If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Date of registration <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>May 1 1919</u> (Name & Month) (Day) (Year)
(8) FULL NAME <u>FATHER. H. P. Reece</u>		(9) NAME BEFORE MARRIAGE <u>MOTHER. Annie Happer</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Langley S C</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Langley S C</u>		
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>19</u> (Years)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(16) BIRTHPLACE <u>Langley S C</u>		(17) BIRTHPLACE <u>Langley S C</u>		
(18) OCCUPATION <u>Cotton Mill</u>		(19) OCCUPATION <u>Cotton Mill</u>		
(20) Number of children born to mother, including present birth <u>one</u>		(21) Number of children of this mother now living, including present birth <u>one</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature) Dr. H. P. Reece

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Langley 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 10 1923 (28) J. W. Spradley 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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