(1) PLACE OF BIRTH

County of Lexington

Township of Gilbert

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
31167

Registration District No. 3106 Registered No. 6
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

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

(2) Full Name of Child Annie Lee Rivers Reeves (If child is not yet named, make [illegible] report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets	1	yes	Sept 12 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Custer Reeves	(14) NAME BEFORE MARRIAGE	Rosa Quarterman
(9) PRESENT POSTOFFICE OF FATHER	Irmo S.C. R. 2	(15) PRESENT POSTOFFICE OF MOTHER	Irmo S.C. R. 2
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY	19 (Years)	(17) AGE AT LAST BIRTHDAY	21 (Years)
(12) BIRTHPLACE	Lexington Co. S.C.	(18) BIRTHPLACE	Lexington Co. S.C.
(13) OCCUPATION	Laborer	(19) OCCUPATION	Laborer
(20) Number of children born to mother, including present birth	1	(21) 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 ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

.....

..... 19 ....
Registrar

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

(27) Filed Sept 20 1922 (28) [illegible] Mathias
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.

FIRST-BORN No. 1 THE OTHER, No. 2, etc., in question 5.

McCAW OF COLUMBIA, COLUMBIA S. C.