

1. PLACE OF BIRTH

County of Berkley Co.
 Township of St James
 or
 Inc. Town of
 or
 City of Honey Hill S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 704

FILE No.—For State Registrar Only

44415Registered No. 36

(For use of Local Registrar)

St. _____ Ward _____

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

2. Full Name of Child Four Stclair Reams Jr. (If child is not yet named, make supplemental report as directed.)3. BOY OR
GIRL4. Twin or
Triplet?5. Number in order
of birth6. Are
Parents
Married?

7. DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER

8. FULL
NAME Stclair Reams9. PRESENT
POSTOFFICE
OF FATHER Honey Hill S.C.10. COLOR
OR
RACE White 11. AGE AT LAST
BIRTHDAY 27
(Years)

12. BIRTHPLACE

13. OCCUPATION

public work20. Number of children born to
mother, including present birth 2

MOTHER

14. NAME BEFORE
MARRIAGE Fanny Wilson15. PRESENT
POSTOFFICE
OF MOTHER Honey Hill S.C.16. COLOR
OR
RACE White 17. AGE AT LAST
BIRTHDAY 22
(Years)

18. BIRTHPLACE

Berkley Co.

19. OCCUPATION

house wife21. Number of children of this mother
now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was Born alive at 2, a M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature

Flora Meekins

24. Date Written Physician or Midwife

Honey Hill S.C.

Given name added from a supplemental report

26. Witness

(Signature of Witness necessary only
when question 23 is signed by mark)19
Registrar

27. Filed

10/61924

28.

E. H. Gurney
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.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS or TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.