

(1) PLACE OF BIRTH

County of Lexington

Township of

Inc. Town of Lexington P. O.

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

14933

Registration District No. 2105 Registered No. 39

(For use of Local Registrar)

2) Full Name of Child Walter A. Reheart

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

(1) BOY OR GIRL? Boy (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? yes (5) DATE OF BIRTH March 19 1923

FATHER

(6) FULL NAME Kendall A. Reheart(7) PRESENT POSTOFFICE OF FATHER Lexington P. O.(8) COLOR OR RACE N (9) AGE AT LAST BIRTHDAY 28 (Years)(10) BIRTHPLACE Lex. S.C.(11) OCCUPATION Farmer(12) Number of children born to mother, including present birth Three

MOTHER

(13) NAME BEFORE MARRIAGE Mary Estelle Drafts(14) PRESENT POSTOFFICE OF MOTHER Lexington P. O.(15) COLOR OR RACE N (16) AGE AT LAST BIRTHDAY 25 (Years)(17) BIRTHPLACE Lex. S.C.(18) OCCUPATION Domestic(19) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born alive as born alive or stillborn (Hour A. M. or P. M.) 7 A.(21) (Signature) A. D. Duff

(22) State whether Physician or Midwife (23) Address of Physician or Midwife

(Given name added from a supplemental report)

(24) Witness

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

(25) Filed 5/28 1923 (26) J. C. Sybrand 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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