CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
19649

(1) PLACE OF BIRTH
County of Aiken
Township of Gregg
or
Inc. Town of
or
City of Warrenville SC
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 204 Registered No. 62 (For use of Local Registrar)

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

(2) Full Name of Child Mildred Reese — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl
(4) Twin or triplet? 1 — To be answered only in event of Twins or Triplets
(5) Number in order of birth 6
(6) Are Parents Married Yes
(7) DATE OF BIRTH July (Name of Month) 23 (Day) 1923 (Year)

FATHER.		MOTHER.	
(8) FULL NAME	M. W. Reese	(14) NAME BEFORE MARRIAGE	Agnes Jones
(9) PRESENT POSTOFFICE OF FATHER	Warrenville SC	(15) PRESENT POSTOFFICE OF MOTHER	Warrenville SC
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	41	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	Edgefield Co	(18) BIRTHPLACE	Trenton Ville SC
(13) OCCUPATION	Carpenter	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	Six	(21) Number of children of this mother now living, including present birth	Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 3 4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Pattison M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Langley SC

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed 8/8/1923 (28) H. C. R. Turnbull, 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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N. B.—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 5.

McCaw, Cav. of Columbia