

(1) PLACE OF BIRTH

County of Anderson

Township of

or Inc. Town of Williamston

or 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

Registration District No. B-C

No. 12.—For State Registrar Only

37003

Registered No. 77
(For use of Local Registrar)(2) Full Name of Child Samuel Reeves

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 2 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Benjamin Reims(9) PRESENT POSTOFFICE OF FATHER Williamston, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Year)(12) BIRTHPLACE Williamston, S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Maud Boggs(15) PRESENT POSTOFFICE OF MOTHER Williamston, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Year)(18) BIRTHPLACE Williamston, S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 a. m. on the date above stated.
(born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Russell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 12/9/22(28) Lillian Russell
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.

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.