

5-27-47  
free  
lb

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on back of Certificate.)

Dec 139-0-02327-02246

U. S. Dept. of Commerce  
Bureau of the Census

1. PLACE OF BIRTH

County of Richland

Township of \_\_\_\_\_

or

Columbia

Inc. Town of \_\_\_\_\_

or

City of \_\_\_\_\_

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

2. FULL NAME OF CHILD

Ananias Reese

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-A

22 049428

FILE No.—For State Registrar Only

00296

Registered No. \_\_\_\_\_

(For use of Local Registrar)

Ward \_\_\_\_\_

3. Boy or Girl  
boy

If Plural  
births \_\_\_\_\_

4. Twins, triplets or other.....

6. Premature .....

7. Are Parents  
Married? yes

8. Date of birth Aug. 10 1922  
(Month, day, year)

5. Number, in order of birth.....

Full term .....

Married? .....

9. Full  
name

Arthur Reese

FATHER

18. Name before  
marriage

Viola Taylor

MOTHER

10. Residence (mailing address)  
(If non-resident, give place and State)

Columbia

19. Residence (mailing address)  
(If non-resident, give place and State)

Columbia

11. Color or race col

12. Age at last birthday 35 (years)

20. Color or race col

21. Age at last birthday 23 (years)

13. Birthplace (city or place)  
(State or country)

S.C.

22. Birthplace (city or place)  
(State or country)

S.C.

14. Trade, profession or particular  
kind or work done, as spinner,  
lawyer, bookkeeper, etc.....

foreman of labor

23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc.....

domestic

15. Industry or business in which  
work done, as silk mill, sawmill,  
bank, etc. ....

24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.....

16. Date (month and year) last  
engaged in this work

17. Total time (years)  
spent in this work.....

25. Date (month and year) last  
engaged in this work

26. Total time (years)  
spent in this work.....

27. Number of children of this mother  
(At time of birth and including this child)

(a) Born alive and now living... 4 (b) Born alive but now dead... 2 (c) Stillborn... 0

28. If stillborn,  
period of gestation.....

months  
weeks

29. Cause of stillbirth.....

Before labor.....  
During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at \_\_\_\_\_ m. on the date above stated,

{ When there was no attending physician  
or midwife, then the father, householder  
etc., should make this return.

Given name added from  
a supplementary report

(Date of)

Registrar.

(Signed) X Viola Reese, Parent

or \_\_\_\_\_, Guardian

Address 2409 Millwood Ave.

Filed 5-29, 19 47 Thos. P. Lesesne

Registrar.

c h