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

1. PLACE OF BIRTH
County of Richland

Standard Certificate of Birth

FILE No.—For State Registrar Only

00296

Township of _____

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-A Registered No. _____
(For use of Local Registrar)

or Columbia

Inc. Town of _____

or _____

City of _____

(No. _____ St. _____ Ward _____)

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

3. Boy or Girl <u>boy</u>	If Plural births	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature Full term	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>Aug. 10</u> 19 <u>47</u> (Month, day, year)
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9. Full name **FATHER**
Arthur Reese

18. Name before **MOTHER**
marriage Viola Taylor

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..... 19....

25. Date (month and year) last engaged in this work
26. Total time (years) spent in this work..... 19....

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.

(Signed X Ananias Reese, Parent

or _____, Guardian

Given name added from a supplementary report _____ (Date of) _____

Address 2409 Millwood Ave

Filed 5-29, 1947 Thos. P. Lesesne Registrar.

Registrar.

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.) See 139-0.0.327-02246