

(1) PLACE OF BIRTH
County of Beaufort
Township of Beaufort
or
Inc. Town of
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

File No.—For State Registrar Only

19095

Registration District No. 2700 Registered No. 86
(For use of Local Registrar)
St.; Ward)

2) Full Name of Child } If child is not yet named, make supplemental report as directed

3) BOY ✓ GIRL ✓ (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June, 24, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME E. Jeff. Reeves
9) PRESENT POSTOFFICE OF FATHER Beaufort Co S C
10) COLOR white (11) AGE AT LAST BIRTHDAY 26 (Years)
12) BIRTHPLACE Beaufort Co S C
13) OCCUPATION Farmer
14) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Dorothy Whitley
15) PRESENT POSTOFFICE OF MOTHER Beaufort Co S C
16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)
18) BIRTHPLACE Beaufort Co S C
19) OCCUPATION Housewife
20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

22) I hereby certify that I attended the birth of this child, who was born alive, at 3:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. J. J. J.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Beaufort Co S C

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 1922 (28) 191 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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