(1) PLACE OF BIRTH

County of Hilary

Township of Schultz

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only: 17361

Registration District No. 213 Registered No. 79

(For use of Local Registrar)

(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 Samuel B Reese

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet? twin

(5) Number in order of birth 2

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 30 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Reese

(9) PRESENT POSTOFFICE OF FATHER Augusta Route 5

(10) COLOR OR RACE Bek

(11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE S C

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Key

(15) PRESENT POSTOFFICE OF MOTHER Augusta Ga R 6

(16) COLOR OR RACE Bek

(17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE S C

(19) OCCUPATION School Teacher

(21) 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 (Born alive or stillborn) at 10:30 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mattie Quillen

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Augusta Ga R 6

Given name added from a supplemental report .....

..... 19 .....
Registrar

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

(27) Filed 7-1 1922 (28) J L Medlock
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.

McCAW of COLUMBIA, COLUMBIA, S. C.

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.