

## (1) PLACE OF BIRTH

County of GeorgetownTownship of 1or  
Inc. Town of 1or  
City of 1(No. .... St.; .... Ward)  
(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

22244

Registration District No. 2146 Registered No. 180  
(For use of Local Registrar)

## (2) Full Name of Child

Ester Reece

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth 6(6) Are Parents Married? yes(7) DATE OF BIRTH June 1 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Bern Reece(9) PRESENT POSTOFFICE OF FATHER Book Green P.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 46  
(Years)(12) BIRTHPLACE George Town Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Frank Carr(15) PRESENT POSTOFFICE OF MOTHER Book Green P.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 37  
(Years)(18) BIRTHPLACE George Town Co.(19) OCCUPATION House Wiper(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martina Rair(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Book Green P.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 1 1922

(28)

L. W. Bell  
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.