

(1) PLACE OF BIRTH

County of Anderson
 Township of Farmer
 or
 Inc. Town of _____
 or
 City of Ure

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only
13590

Registration District No. 304 Registered No. 44
 (For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child Malcolm Frances Reems If child is not yet named, make supplemental report as directed

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

FATHER.

(8) FULL NAME J B Reems
 (9) PRESENT POSTOFFICE OF FATHER Ure S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27
 (Years)
 (12) BIRTHPLACE and Co S.C.
 (13) OCCUPATION mill op

MOTHER.

(14) NAME BEFORE MARRIAGE Corra Hellams
 (15) PRESENT POSTOFFICE OF MOTHER Ure S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25
 (Years)
 (18) BIRTHPLACE Laurance S.C.
 (19) OCCUPATION housewife

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was _____ at 11:15 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) A. S. Mathews M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Anderson S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Registrar May 7, 1922(28) S. M. McAdams 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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