

(1) PLACE OF BIRTH

County of Barnwell

Township of Conway

or
Inc. Town of

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
49482

Registration District No. 2002 Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child Reverie M Meeks

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) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 6 1910
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J B Meeks

(9) PRESENT POSTOFFICE OF FATHER Conway SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION Lawyer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER Conway

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE

(19) OCCUPATION Housewife

(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 10 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Henrietta C. Cut

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Conway

Given name added from a supplemental report

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

(27) Filed Feb 10 1910 (28) J. H. McCaw 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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