

Form No. 1

(1) PLACE OF BIRTH

County of LaurensTownship of Yonny

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

43337

Registered No. 86

(For use of Local Registrar)

(2) Full Name of Child Kelly Reale Paris Reeves

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 18 1912
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paris Palmer Reeves(9) PRESENT POSTOFFICE OF FATHER Hoodruff S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmers(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Kelly Lola Simmons(15) PRESENT POSTOFFICE OF MOTHER Hoodruff S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Spartanburg S.C.(19) OCCUPATION Farmers(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. A. Hoodruff(24) State whether Physician or Midwife (25) Address of Physician or Midwife Thyra Hoodruff S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 1/10 1913 (28) H. B. Harris 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.