

(1) PLACE OF BIRTH
County of Pickens
Township of
or
Inc. Town of Calhoun
City of

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

File No. — For State Registrar Only
31793

(2) Full Name of Child Willie Reese
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 8 (Name in Month) (Day) (Year)

FATHER.
(8) FULL NAME George Reese
(9) PRESENT POSTOFFICE OF FATHER Hix where a lot of work
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Georgia
(13) OCCUPATION Hireland
(14) Number of children born to mother, including present birth 3

MOTHER.
(15) NAME BEFORE MARRIAGE Amy Brown
(16) PRESENT POSTOFFICE OF MOTHER Calhoun, S.C.
(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 22 (Years)
(19) BIRTHPLACE Georgia
(20) OCCUPATION Hireland
(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 alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maria English
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Calhoun, S.C.

Give name added from a supplemental report
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Registrar

(26) Witness E. J. Taylor
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept. 18, 1922 (28) J. W. Bearden
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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