Form No. 1

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

(1) PLACE OF BIRTH

County of _Colleton_

Township of _Sheridan_

or
Inc. Town of _Cottageville_

or
City of ....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
24104

Registration District No. _1448_. Registered No. _26_
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(2) Full Name of Child _Evelyn Reeves_

(3) BOY OR GIRL	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH
Girl		_4_	_Yes_	_Aug. 31, 1925_
	To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME _G.R. Reeves_		(14) NAME BEFORE MARRIAGE _B. Hill_	
(9) PRESENT POSTOFFICE OF FATHER _Cottageville, S.C._		(15) PRESENT POSTOFFICE OF MOTHER _Cottageville, S.C._	
(10) COLOR OR RACE _White_	(11) AGE AT LAST BIRTHDAY _34_ (Years)	(16) COLOR OR RACE _White_	(17) AGE AT LAST BIRTHDAY _22_ (Years)
(12) BIRTHPLACE _Cottageville S.C._		(18) BIRTHPLACE _S.C._	
(13) OCCUPATION _Farmer_		(19) OCCUPATION _Domestic_	

(20) Number of children born to mother, including present birth { _4_

(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 _alive_ at _2_ _P._ M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) _E. N. Ackerman M.D._

(24) State whether Physician or Midwife (25) Address of Physician or Midwife _Cottageville S.C._

Given name added from a supplemental report	(26) Witness .... (Signature of Witness necessary only when question 23 is signed by mark)
.... 19 ...... Registrar	(27) Filed .... 19 .... (28) .... Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy. If a child breathes even once, it must not be reported as stillborn.