

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of Lawren

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

9007

Registration District No. .... Registered No. 69

(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 James Reese

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

(3) BOY OR GIRL X

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Oct 4, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Henry Reese

(9) PRESENT POSTOFFICE OF FATHER

Sangaree

(10) COLOR OR RACE

Colored(11) AGE AT LAST BIRTHDAY 20  
(Years)

(12) BIRTHPLACE

Sangaree

(13) OCCUPATION

Farming 21

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

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary J. Davis

(15) PRESENT POSTOFFICE OF MOTHER

Sangaree

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 26  
(Years)

(18) BIRTHPLACE

Sangaree

(19) OCCUPATION

Farming

(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 white at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 10, 1923

(28)

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.