

Form No. 1

(1) PLACE OF BIRTH

County of MarionTownship of Beckett

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

65328

Registration District No. 2212Registered No. 47
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Lorena Reeves

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 June 12
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Reeves(9) PRESENT POSTOFFICE OF FATHER Wadley S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 45
(Years)(12) BIRTHPLACE Marion Co. S.C.(13) OCCUPATION Farm hand(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Cora Williams(15) PRESENT POSTOFFICE OF MOTHER Wadley S.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 17
(Years)(18) BIRTHPLACE Horne Co. S.C.(19) OCCUPATION Farm hand(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 Born alive at 2 W. 20th St. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) E. L. Williams(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Wadley S.C. R.R. 3

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 15

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(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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia