

Form No. 1

(1) PLACE OF BIRTH

County of Lee
 Township of Mt. Cleo
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4470

Registration District No. 2004 Registered No. 5
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jessie Reamer 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 Feb 26, 23
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Reamer
 (9) PRESENT POSTOFFICE OF FATHER St Charles SC
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39
 (12) BIRTHPLACE Lee Co.
 (13) OCCUPATION Farm hand
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Malice Joe
 (15) PRESENT POSTOFFICE OF MOTHER St. Charles SC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
 (18) BIRTHPLACE Lee Co.
 (19) OCCUPATION House keeping
 (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 born alive at 5 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Malice Joe
 (24) State whether Physician or Midwife Midwife (25) Address of Physi- or Midwife Bishopville SC

(Given name added from a supplement-
 tal report)

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

(27) Filed Feb 28, 23 (28) Newton C. Moore 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.

MAINTAINED FOR FINDING.

WRITE PLAINLY. WITH LEADING INK—THIS IS A PERMANENT RECORD.
 IN B.—In case of TWIN or TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN. No 1 THE OTHER, No 2, etc. In question 3

Division of Columbia, Columbia, S. C.