

(1) PLACE OF BIRTH

County of

Greenville

Township of

Chickadee

OR

Inc. Town of

OR

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34602

Registration District No.

2204

Registered No.

112

(For use of Local Registrar)

(No.)

St.

Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Sept. 30, 1922

FATHER

MOTHER

(8) FULL NAME

Louis J. Reunion

(14) NAME BEFORE MARRIAGE

Bessie Hightower

(9) PRESENT POSTOFFICE OF FATHER

Taylor, S.C. R. 2

(15) PRESENT POSTOFFICE OF MOTHER

Taylor, S.C. R. 2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

74

(12) BIRTHPLACE

Greenville County, S.C.

(18) BIRTHPLACE

Sul. County, S.C.

(13) OCCUPATION

Painting

(19) OCCUPATION

Domestic

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

6

(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 8:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. G. H. Starnes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Taylor, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Date

Oct. 13, 1922

(28)

F. G. Lammie

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.

Before the fifth month of pregnancy

McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the