CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
25627

(1) PLACE OF BIRTH

County of [illegible]

Township of .....

or

Inc. Town of .....

or

City of [illegible] (No. [illegible] St.; 128 Ward)

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

Registration District No. 1-A Registered No. 94 (For use of Local Reistrar)

(2) Full Name of Child Edith Wardlaw Reese. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? [illegible]

(4) Twin or Triplet? ✓

(5) Number in order of birth ✓

To be answered only in event of Twins or Triplets

(6) Are Parents Married? [illegible]

(7) DATE OF BIRTH Aug. 30, 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Milton Bradley Reese

(9) PRESENT POSTOFFICE OF FATHER Abbeville SC

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Williamston SC

(13) OCCUPATION Merchant

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Edith Wardlaw

(15) PRESENT POSTOFFICE OF MOTHER Abbeville SC

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Oxford Miss

(19) OCCUPATION Housewife

(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 [illegible] at 8 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife [illegible]

Given name added from a supplemental report

..... 191

Registrar

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

(27) Filed [illegible] 191 [illegible] (28) [illegible]
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.

FORM NO. 5.
WHITE 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.
MARGIN RESERVED FOR BINDING.
Mother of Columbia