

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.

McGraw of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Sumter</i>		STATE OF SOUTH CAROLINA		87687	
Township of <i>Reef Creek</i>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <i>4-106</i>		Registered No. <i>123</i>	
or				(For use of Local Registrar)	
City of		(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 <i>English Reed Jr</i> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>9</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Nov 25 1916</i>	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <i>English Reed Sr</i>			(14) NAME BEFORE MARRIAGE <i>Elijah Reed</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Rumbert</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Rumbert</i>		
(10) COLOR OR RACE <i>negro</i>			(16) COLOR OR RACE <i>negro</i>		
(11) AGE AT LAST BIRTHDAY <i>48</i>			(17) AGE AT LAST BIRTHDAY <i>34</i>		
(12) BIRTHPLACE <i>Sumter Co</i>			(18) BIRTHPLACE <i>Sumter Co</i>		
(13) OCCUPATION <i>Reed Laborer</i>			(19) OCCUPATION <i>House Wife</i>		
(20) Number of children born to mother, including present birth <i>9</i>			(21) Number of children of this mother now living, including present birth <i>8</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was... <i>Alive</i> ... at <i>11:30</i> A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Massy Deland</i>		(25) Address of Physician or Midwife <i>Rumbert SC</i>			
(24) State whether Physician or Midwife <i>Midwife</i>		(26) Address of Physician or Midwife <i>Rumbert SC</i>			
Given name added from a supplemental report		(27) Witness <i>W C Hallen</i>			
		(28) Filed <i>Nov 30 1916</i> <i>W C Hallen</i> 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.