

PLACE OF BIRTH

County of MarbleTownship of
or
City of Bennettsville

(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

Registration District No. 33 A

File No.—For State Registrar Only

3314

Registered No.
(For use of Local Registrar)(No. Bennettsville Hospital Ward)(1) Full Name of Child Bennett McVicker Reynolds

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

(2) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 17, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Ernest M. Reynolds(9) PRESENT POSTOFFICE OF FATHER Bennettsville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43
(Years)(12) BIRTHPLACE Bennettsville(13) OCCUPATION Salesman(14) NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT BIRTH 1

MOTHER.

(14) NAME BEFORE MARRIAGE Martina McKelley(15) PRESENT POSTOFFICE OF MOTHER Bennettsville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 45
(Years)(18) BIRTHPLACE Bennettsville(19) OCCUPATION Housewife(20) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was at 4 26 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(22) (Signature) A. L. Thompson(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Bennettsville S.C.

When name added from a supplemental report

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

(26) Filled 19 (27) 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.

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