

MARGIN RESERVED FOR NUMBERING.

WRITE PLAINLY, WITH UNFADING INK—THERE IS A PERMANENT RECORD.
 H. 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 1.

(1) PLACE OF BIRTH

County of Chickland.....
 Township of
 or
 Inc. Town of
 or
 City of Calumia.....
 (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

No. for State Registrar Only
37402 X

Registration District No. 38 Registered No. 933
 (For use of Local Registrar)

(2) Full Name of Child Jessie Margaret Reynolds

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

(a) BOY OR GIRL g (b) Type or Token h (c) Number in order of birth 2 (d) Age 14 (e) DATE OF BIRTH Nov 27 1923
 (Name of Month) (Day) (Year)
 To be answered only in case of Twins or Triplets

FATHER

(1) FULL NAME Frances S Reynolds
 (2) PRESENT RESIDENCE OF FATHER Calumia S.C.
 (10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 31 (Year)
 (12) BIRTHPLACE J.C.
 (13) OCCUPATION Lead Manager, J. M. Price Co
 (14) Number of children born to mother, including present birth 2

MOTHER

(16) NAME BEFORE MARRIAGE Eizabeth Shilen Miller
 (17) PRESENT RESIDENCE OF MOTHER Calumia S.C.
 (18) COLOR OR RACE N (19) AGE AT LAST BIRTHDAY 30 (Year)
 (20) BIRTHPLACE S.C.
 (21) OCCUPATION -
 (22) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) John A. B. B. Sr.
 (25) State whether Physician or Midwife (26) Address of Physician or Midwife Calumia S.C.

Given name added from a supplemental report

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

(28) Filed Dec 13 1923 (29) C. J. Sloan 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.

Register