

(1) PLACE OF BIRTH

County of MarionTownship of Leflore

Inc. Town of

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

78158

Registration District No. 202Registered No. 79

(For use of Local Registrar)

(2) Full Name of Child Abbie C. Reed

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? Twins(5) Number in order of birth 2(6) Are Parents Married? yes(7) DATE OF BIRTH Aug. 19, 1916

To be answered only in event of Twin or Triplet's

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lowry Reed

(9) PRESENT POSTOFFICE OF FATHER

Curtin, SC

(10) COLOR OR RACE

Black(11) AGE AT LAST BIRTHDAY 30

(Years)

(12) BIRTHPLACE

Marion SC

(13) OCCUPATION

Lumberman

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Lanie Durham

(15) PRESENT POSTOFFICE OF MOTHER

Curtin, SC

(16) COLOR OR RACE

Black(17) AGE AT LAST BIRTHDAY 31

(Years)

(18) BIRTHPLACE

Marion SC

(19) OCCUPATION

Lumberman

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sam Inace

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Curtin

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 Oct. 10, 1916(28) J. T. Agor 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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FORM NO. 1 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.

McCaw, of Columbia.