

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only
78158

County of Marion

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Leylitts

Inc. Town of _____
OR _____

Registration District No. 3202

Registered No. 79
(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 Abbie C. Reed } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin Twins or Triplet? (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 Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Lowry Reed

(14) NAME BEFORE MARRIAGE Louis Durham

(9) PRESENT POSTOFFICE OF FATHER Certinary, SC

(15) PRESENT POSTOFFICE OF MOTHER Certinary, SC

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Years)

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Marion SC

(18) BIRTHPLACE Marion SC

(13) OCCUPATION Laborer

(19) OCCUPATION Laborer

(20) Number of children born to mother, including present birth } 4

(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 Certinary

Given name added from a supplemental report

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

_____, 191____

(27) Filed Oct 10 1916 (28) J. T. Agosty 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. 6 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.