

(1) PLACE OF BIRTH  
 County of Anderson  
 Township of Barren  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)  
 (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. 310 Registered No. 68  
 (For use of Local Registrar)

File No. — For State Registrar Only  
**40903**

(2) Full Name of Child Lennie Ruth Reed Richey not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Dec 19 22</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Thomas Reed</u>	(14) NAME BEFORE MARRIAGE <u>Emma Richey</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Anderson SC # 2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Pendleton SC # 1</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Farmer Hand</u>		(19) OCCUPATION <u>Farmer Labourer</u>	
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mollie Owens  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pendleton SC # 1

Given name added from a supplemental report  
 .....  
 .....  
 ..... 19 ..  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec 10 22 (28) W. L. Casey  
 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.