

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Spartanburg STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Cherokee State Board of Health

File No.—For State Registrar Only
50470

Inc. Town of Registration District No. 4000R Registered No. 156
 (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 Linnell Reed { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin Yes or Triplet? (5) Number in order of birth 7 (6) Are Yes Parent Married? (7) DATE OF BIRTH Feb. 17 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Cliff Reed</u>	(14) NAME BEFORE MARRIAGE <u>Marrie Rankin</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Cherokee P.O.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee P.O.</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>27</u>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>24</u>
(12) BIRTHPLACE <u>Spartanburg SC</u>	(18) BIRTHPLACE <u>Union SC</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housekeeping</u>
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. McTamm
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Cherokee SC

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 7/20 191... (28) J. B. Lockwood 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.

WHITE 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.

McCauley, of Columbia