

McCauley of Columbia
No. 2.—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.

(1) PLACE OF BIRTH
County of Abbeville
Township of Abbeville
or
Inc. Town of _____
or
City of Abbeville
(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
17254

Registration District No. 1a Registered No. 71
(For use of Local Registrar)
(No. 133 — N. Marie St.; 4 Ward)
(2) Full Name of Child William Charles Reedy, Jr. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH June 20 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME William Charles Reedy
(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Ohio, S.C.
(13) OCCUPATION Pharmacist
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Sarah Katherine Hagler
(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Abbeville S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report
101
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 24 1922 (28) Miss Julia McAllister 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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Q.M.
P.M.)
dwife