

(1) PLACE OF BIRTH

County of *Horry S.C.*
 Township of *Horry S.C.*
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

17092

Registration District No. *1003* Registered No. *68*
 (For use of Local Registrar)

(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 *Jamie Robert C. Reed* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Boy* (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married *Yes* (7) DATE OF BIRTH *June 12, 1923*
 (State of Month: (Day) (Year))

FATHER.			MOTHER.		
(8) FULL NAME <i>F. Thurgood Overhill</i>	(14) NAME BEFORE MARRIAGE <i>Rossie Reed</i>		(14) NAME BEFORE MARRIAGE <i>Rossie Reed</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Horry S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Horry S.C.</i>		(15) PRESENT POSTOFFICE OF MOTHER <i>Horry S.C.</i>		
(10) COLOR OR RACE <i>Black</i>	(11) AGE AT LAST BIRTHDAY <i>24</i> (Year)		(16) COLOR OR RACE <i>Black</i>	(17) AGE AT LAST BIRTHDAY <i>24</i> (Year)	
(12) BIRTHPLACE <i>S.C.</i>			(18) BIRTHPLACE <i>S.C.</i>		
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Farmer</i>		
(20) Number of children born to mother, including present birth <i>1</i>			(21) Number of children of this mother now living, including present birth <i>1</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at *2 P.M.*,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Midwife*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Horry S.C.*

Given name added from a supplemental report

*Jamie Robert C. Reed**Midwife* 19

Registrar

(26) Witness *Jamie C. Reed* (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *June 20, 1923* (28) *H. R. Cuthbert* Local Registrar

*When there was no attending physician or midwife, when 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.