

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
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 1.

(1) PLACE OF BIRTH

County of Williams
Township of Shiloh
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
21684

Registration District No. 2905 Registered No. 50
(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 Garnie H. Reid If child is not yet named, make
supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 17, 1923
(Month) (Day) (Year)

FATHER
(8) FULL NAME Charles H. Reid
(9) PRESENT POSTOFFICE OF FATHER Gay Court S.C. #4
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER
(14) NAME BEFORE MARRIAGE Beatrice Barton
(15) PRESENT POSTOFFICE OF MOTHER Gay Court S.C. #4
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16 (Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housework
(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 at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. B. Starnes
(24) State Physician or Midwife Address Physician or Midwife
Physician Fountainville S.C.

Given name added from a supplement-
tal report
Garnie H. Reid
Oct 19 1923
Registrar

(25) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)
(26) Filed Aug 9, 1923 (27) Wm D. Sullivan
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.