

(1) PLACE OF BIRTH

County of Beaufort

Township of

or

Inc. Town of Liberty

or

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16391

Registration District No. 3705Registered No. 66

(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 Clifford Luther Reynolds

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

5 6 27
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm P. Reynolds(9) PRESENT POSTOFFICE OF FATHER Liberty SC(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 43
(Years)(12) BIRTHPLACE Anderson Co SC(13) OCCUPATION carpenter(20) Number of children born to mother, including present birth 1st

MOTHER.

(14) NAME BEFORE MARRIAGE Bethie Lee Smith(15) PRESENT POSTOFFICE OF MOTHER Liberty SC(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Anderson Co SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 2:30 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm P. Reynolds

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 5-20-27(28) John T. Briggs

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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