

Form No. 1

(1) PLACE OF BIRTH

County of Ames
Township of Griffin
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

434

Registration District No. 2576 Registered No. 11

(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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes DATE OF BIRTH Feb 11 1928
(Name of Month) (Day) (Year)

FATHER. MOTHER.
(8) FULL NAME Charlie Reaver (14) NAME BEFORE MARRIAGE Blonnie McGinnis
(9) PRESENT POSTOFFICE OF FATHER Tabor N.C. (15) PRESENT POSTOFFICE OF MOTHER Tabor N.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25
(12) BIRTHPLACE Monrovia Cal. (18) BIRTHPLACE Loray Co. S.C.
(13) OCCUPATION farmer (19) OCCUPATION housewife
(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at on the date above stated. (23) (Signature) Sally McQuinn (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Tabor N.C.

Given name added from a supplemental report

(25) Witness Bonnie Buffin (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed Feb 18 1928 (27) E. L. Buffin 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.

South Carolina, Columbia, S. C. Form No. 1. THE OTHER, No. 2, etc., in question 1.