

## (1) PLACE OF BIRTH

County of Piedmont  
 Township of Central  
 or  
 Inc. Town of Central  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

33540

Registration District No. 322Registered No. ....  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Frank Reed 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 3 (6) Age of Mother 42 (7) DATE OF BIRTH Sept 26 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME John Reed  
 (9) PRESENT RESIDENCE OF FATHER Central St.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Year)  
 (12) BIRTHPLACE Franklin Co Ga  
 (13) OCCUPATION Cottonmill Weaver  
 (14) Number of children born to mother, including present birth 5

MOTHER.  
 (14) NAME BEFORE MARRIAGE Addie Mae Belle  
 (15) PRESENT RESIDENCE OF MOTHER Central St.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Year)  
 (18) BIRTHPLACE Piedmont S.C.  
 (19) OCCUPATION House Wife  
 (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. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edward W. Guffie

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Central St.

Given name added from a supplemental report

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

(27) Filed Oct 23 1923 (28) J. H. Beemster Local Registrar

When there was no attending physician or midwife, then the father, householders, 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.

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.