

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

(1) PLACE OF BIRTH

County of Edgefield

Township of Johnston

or
Inc. Town of

or
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

85446

Registration District No. 1814 Registered No.

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child. Mamie Leola Reynolds

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

(3) ~~SEX~~
GIRL?

(4) Twin
or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in
order of birth 7

(6) Are
Parents
Married? Yes

(7) DATE OF BIRTH Oct. 30, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Geo. B. Reynolds

(9) PRESENT
POSTOFFICE
OF FATHER

Johnston S.C.

(10) COLOR
OR
RACE

White

(11) AGE AT LAST
BIRTHDAY 40
(Years)

(12) BIRTHPLACE

Edgefield Co.

(13) OCCUPATION

Farming

(20) Number of children born to
mother, including present birth 7

MOTHER.

(14) NAME BEFORE
MARRIAGE

Myatie Boyd

(15) PRESENT
POSTOFFICE
OF MOTHER

Johnston S.C.

(16) COLOR
OR
RACE

White

(17) AGE AT LAST
BIRTHDAY 38
(Years)

(18) BIRTHPLACE

Winberry Co.

(19) OCCUPATION

Farmers wife

(21) Number of children of this mother
now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 a M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) E. H. Shafter, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

LAR 191

affid 8/9/13

Registrar

(26) Witness

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

(27) Filed Nov 15 1916

(28)

John P. Lee
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.

fifth month of pregnancy.