

FORM NO. 1
 MARGIN RESERVED FOR INDEXING
 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.
 McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Spartanburg STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
70299

Township of
 or
 Inc. Town of Registration District No. 40-0 Registered No. 258
 or (For use of Local Registrar)
 City of Spartanburg (No. 347 College 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. Reid { If child is not yet named, make supplemental report as directed

(3) SEX OR BIRTH <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of twins or triplets	(5) Number in order of birth <u>1</u>	(6) Age Parents Married? <u>5</u>	(7) DATE OF BIRTH <u>June 8 1906</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Arthur Reid</u>			(14) NAME BEFORE MARRIAGE <u>Ketche Parry</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Danville Va</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg S.C.</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)	(16) COLOR OR RACE <u>W</u>		
(12) BIRTHPLACE <u>Madison N.C.</u>		(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(13) OCCUPATION <u>Mill Worker</u>			(18) BIRTHPLACE <u>Spartanburg S.C.</u>	
(19) OCCUPATION <u>Domestic</u>			(20) Number of children of this mother now living, including present birth <u>1</u>	

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) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Spartanburg, S.C.

Given name added from a supplement-
 al report
, 191...
 Registrar

(26) Witness
 (Signature of Witness necessary only
 when question 22 is signed by mark)

(27) Filed Aug. 1, 1916 (28) Jas. Copes
 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.