

(1) PLACE OF BIRTH

County of OrangeburgTownship of Orangeburg

Inc. Town of

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

31613

Registration District No. 260 Registered No. 19

(For use of Local Registrar)

2) Full Name of Child Joseph Cole Male

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

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Sept 15</u> 19 <u>22</u>
				(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Harold H. Reed9) PRESENT POSTOFFICE OF FATHER Reed10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 29 (Years)12) BIRTHPLACE Orangeburg13) OCCUPATION Farmer14) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Flora Cole15) PRESENT POSTOFFICE OF MOTHER Reed16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 30 (Years)18) BIRTHPLACE Davidson County - N.C.19) OCCUPATION Housewife20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born alive at Orangeburg S.C. on the date above stated. (Born alive or stillborn? (Hour A. M. or P. M.)23) (Signature) John E. Reed24) State whether Physician or Midwife 25) Address of Physician or Midwife Orangeburg

Given name added from a supplemental report

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Registrar

26) Witness John E. Reed (Signature of Witness necessary only when question 22 is signed by mark)27) Filed Sept 20 1922 28) J. H. Reed 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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