

Form No. 1

(1) PLACE OF BIRTH

County of *Sumter*Township of *Swatee*

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.)

Registration District No. *4104*Registered No. *12*
(For use of Local Registrar)

(2) Full Name of Child

3. BOY OR GIRL *Boy*

4. Twin or Triplet

5. Number in order of birth

6. Are parents married *Yes*

7. Date of birth

Feb 28 1913
(Name of Month) (Day) (Year)

8. FULL NAME

W. L. M. Reed

9. PRESENT POSTOFFICE OF FATHER

Greewood, S.C.

10. COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

27

12. BIRTHPLACE

Sumter Co. S.C.

13. OCCUPATION

Farmer

14. Number of children born to mother, including present birth

Four

15. NAME BEFORE MARRIAGE

Archie

16. PRESENT POSTOFFICE OF MOTHER

Greewood, S.C.

17. COLOR OR RACE

White

18. AGE AT LAST BIRTHDAY

27

19. BIRTHPLACE

Sumter Co. S.C.

20. OCCUPATION

House wife

21. Number of children of this mother now living, including present birth

Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive or stillborn* at *10 P. M.* on the date above stated. (How A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife *Physician or Midwife*

Given name added from a supplemental report

(25) Witness

(Signature of witness necessary only when question 22 is signed by marks)

19
Registrar(27) Filed *3/16/13*

(28)

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

MARGIN RESERVED FOR REMARKS.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 3.

OFFICE OF COMMISSIONER, COLUMBIA, S. C.