Form No. 1

(1) PLACE OF BIRTH

County of Greenwood

Township of Blackville

or

Inc. Town of .....

or

City of ..... (No. .....St.; .....Ward)

(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
3172

Registration District No. 504 Registered No. 12
(For use of Local Registrar)

(2) Full Name of Child Leander 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 — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan. 31, 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME: Ward Reed	(14) NAME BEFORE MARRIAGE: Ella Isaac
(9) PRESENT POSTOFFICE OF FATHER: Blackville	(15) PRESENT POSTOFFICE OF MOTHER: Blackville
(10) COLOR OR RACE: Negro (11) AGE AT LAST BIRTHDAY 37 (Years)	(16) COLOR OR RACE: Negro (17) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE: S. C.	(18) BIRTHPLACE: S. C.
(13) OCCUPATION: Farmer	(19) OCCUPATION:
(20) Number of children born to mother, including present birth: 7	(21) Number of children of this mother now living, including present birth: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. D. Hammond M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Feb. 10 1922 (28) W. D. Hammond
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.

MARGIN REINFORCED FOR BINDING.
WHITE LINENE, WITH LINEAGE, INK—THIS INK IS PERMANENT REGARDLESS
OF FADING OR TRANSFERS. USE A NEW BLANK FOR EACH BIRTH and mark the
BIRTH-BORN, No. 1 THIRD OFFICIAL, No. 2, etc., in question 6.
N. B.—In case of TWINS OR TRIPLETS use a NEW BLANK FOR EACH BIRTH and mark the
Means of Delivery, Question 8.