

(1) PLACE OF BIRTH

County of GreenwoodTownship of Verderyor
Inc. Town ofor
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

64684

Registration District No. 2313 Registered No. 23
(For use of Local Registrar)(2) Full Name of Child Irvin v. Reynolds } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 35 (6) Are Parents Married? yes (7) DATE OF BIRTH June 25 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Irvin Reynolds(9) PRESENT POSTOFFICE OF FATHER Verdery St(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Verdery(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie(15) PRESENT POSTOFFICE OF MOTHER Verdery(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Promised Land(19) OCCUPATION Farmer

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. S. Abilla Hutchinson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Verdery

Given name added from a supplemental report

10-31-16 191...10-31-16 191...

Registrar

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

(27) Filed July 14 1916 (28) S. N. B. B. B. 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 RESERVED FOR BINDING.
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