

(1) PLACE OF BIRTH

County of LancasterTownship of Clintonor
Inc. Town ofor
(City of Clinton)

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

19245

Registration District No. 29BRegistered No. 54

(For use of Local Registrar)

(No. 12 Davis St.; 5 Ward)

(2) Full Name of Child

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

6 Are Parents Married? Yes

7 DATE OF BIRTH

June 24, 1922
(Name 4 Month (Days) Year)

FATHER.

8 FULL NAME

Lee E. Reynolds

9 PRESENT POSTOFFICE OF FATHER

Clinton S.C.

10 COLOR OR RACE

White

11 AGE AT LAST BIRTHDAY

20

12 BIRTHPLACE

S.C.

13 OCCUPATION

Teacher Sp.

14 Number of children born to mother, including present birth

1

MOTHER.

14 NAME BEFORE MARRIAGE

Corrie Brown

15 PRESENT POSTOFFICE OF MOTHER

Clinton S.C.

16 COLOR OR RACE

White

17 AGE AT LAST BIRTHDAY

20

18 BIRTHPLACE

S.C.

19 OCCUPATION

Homemaker

20 Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

21 I hereby certify that I attended the birth of this child, who was female at 3:30 M., on the date above stated. born alive or stillborn (Hour A. M. or P. M.)(23) (Signature) J. W. Bailey

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Clinton S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 24, 1922(28) J. W. Bailey Local Registrar

Registrar

If 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 stillbirth before the fifth month of pregnancy.

Registrar

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 stillbirth before the fifth month of pregnancy.

In case of TWINS OR TRIPLETS use a SEPARATE REPORT FOR EACH CHILD, and mark the FIRST-BORN No. 1 THE OTHER No. 2, etc. In question 5

BUREAU OF VITAL STATISTICS, GEORGIA

MCGRAW