

Form No. 1

(1) PLACE OF BIRTH
 County of Morhous
 Township of Summettsville
 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.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
46870

Registration District No. 3301 Registered No. 5
 (For use of Local Registrar)

(2) Full Name of Child Henry Reed } 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 19th 1916
(To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Joseph Reed</u>	(14) NAME BEFORE MARRIAGE <u>Ann Williams</u>	(9) PRESENT POSTOFFICE OR FATHER <u>Summettsville SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Summettsville SC</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Morhous Co SC</u>	(18) BIRTHPLACE <u>Chesterfield Co SC</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>Six</u>	(21) Number of children of this mother now living, including present birth <u>Four</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Macy Easterday
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Summettsville SC

Given name added from a supplemental report
 191.....

 Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark.)
 (27) Filed July 19th 1916 (28) W. W. Pate 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.

N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.