

## (1) PLACE OF BIRTH

County of YorkTownship of Broad River

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4402Registered No. 98  
(For use of Local Registrar)

## (2) Full Name of Child

Reynold, Edson D.

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF

BIRTH

Sept 10 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Reynold, Edson D.

(9) PRESENT POSTOFFICE OF FATHER

York

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26  
(Year)

(12) BIRTHPLACE

York Co

(13) OCCUPATION

Public Service

## MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Leary

(15) PRESENT POSTOFFICE OF MOTHER

York

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26  
(Year)

(18) BIRTHPLACE

Cherokee Co

(19) OCCUPATION

House Work

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

1

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive 11 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. J. Miller

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filled by

19

(28)

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.