(1) PLACE OF BIRTH

County of Spartanburg

Township of Woodruff

or

Inc. Town of.....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2550

Registration District No. 4009 Registered No. 3

(For use of Local Registrar)

(No. ..... St. ..... Ward)

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

(2) Full Name of Child Bettie Monarian Reed (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy	X	X	Yes	1— 1st 1911

FATHER.

(8) FULL NAME Levi Reed

(9) PRESENT POSTOFFICE OF FATHER Woodruff SC R#3

(10) COLOR OR RACE Col

(11) AGE AT LAST BIRTHDAY 50 (Years)

(12) BIRTHPLACE Newberry Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Nesbitt

(15) PRESENT POSTOFFICE OF MOTHER Woodruff SC Rt 3

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Spty Co

(19) OCCUPATION Dom

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) B F Nonamaker

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Woodruff SC

Given name added from supplemental report .....

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

(26) Witness .....

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

(27) Filed Feb 11 1911 (28) Chas L Boyter 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.

Registrar Local Registrar

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No. 8—In case of FAILURE to secure the information required by this certificate, the Registrar is required to report the case to the Board of Health of Columbia, S. C.

Failure to file certificate, No. 1. This certificate should be filled out, and mark the questions, No. 2, etc., in question 3.