

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 1.

(1) PLACE OF BIRTH

County of Orange
Township of Early
or
Inc. Town of Early
or
City of Early

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

File No.—For State Registrar Only
4919

Registration District No. 37-2 Registered No. 25
(For use of Local Registrar)

(2) Full Name of Child Carl W. Reed (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 7 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Y. B. Reed</u>	(14) NAME BEFORE MARRIAGE <u>Edna Murray</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Early, N.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Early, N.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Anderson</u>	(18) BIRTHPLACE <u>Anderson</u>			
(13) OCCUPATION <u>Textile</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Early, N.C.
on the date above stated. live or stillborn Hour 11 or P. M.

(23) (Signature) Carl W. Reed
(24) State whether Physician or Midwife Physician (25) Address of Early, S.C.

Given name added from a supplemental report <u>Janie Fairer</u> <u>May 15 1923</u> Registrar	(26) Witness (Signature of Witness necessary only when question 23 is signed) <u>W. J. Gatt</u>
(27) Filed <u>Mar 1 1923</u>	(28) Local Registrar <u>W. J. Gatt</u>

*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.

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