

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

File No.—For State Registrar Only

80504

(1) PLACE OF BIRTH

County of Charleston
Township of SE

or
Inc. Town of

City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 8A Registered No. 1085
(For use of Local Registrar)
St. Ward

(2) Full Name of Child

Reed

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

(3) BOY OR GIRL?

Daughter

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary E. Fieberry

(15) PRESENT POSTOFFICE OF MOTHER

52 Queen St

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23 (Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

(8) FULL NAME

Richard C. Reed

(9) PRESENT POSTOFFICE OF FATHER

52 Queen St

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30 (Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Tele graph Operator

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

4 children

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

3 children

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Bailey

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife 87 East Bay

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1916

(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.

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Registrar

Filed 10/31

1916

L. M. SANDY, M.D.

Corrected

10/30/1916

L. M. SANDY, M.D.

REGISTRAR

FORM NO. 1
WHEN PLACED IN THE "MARRIAGE" BOOK, THIS IS A MARRIAGE CERTIFICATE.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
McCurdy of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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