

(1) PLACE OF BIRTH

County of KershawTownship of Shelby

or

Inc. Town of Cane

or

City of Cane(No. St.; Ward)
(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

19080

Registration District No. 27-aRegistered No. 39
(For use of Local Registrar)

(2) Full Name of Child

Baby Reed

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? ☒(5) Number in order of birth 1
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes

(7) DATE OF

BIRTH 6/23/22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Reed(9) PRESENT POSTOFFICE OF FATHER Reidway SC(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE Reidway SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Eula Williams(15) PRESENT POSTOFFICE OF MOTHER Cane SC(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Reidway SC(19) OCCUPATION Domestic(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 born at 5:20 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cane SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 1, 22(28) ASW

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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