

**(1) PLACE OF BIRTH**  
 County of Orangeburg  
 Township of Lincolnton  
 or  
 Inc. Town of .....  
 or  
 City of ..... (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

Registration District No. 3611 File No.—For State Registrar Only  
**35972**  
 Registered No. 75  
 (For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 19, 22  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Stephen Reed  
 (9) PRESENT POSTOFFICE OF FATHER Raymond  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)  
 (12) BIRTHPLACE Orangeburg Co  
 (13) OCCUPATION Farmer Laborer  
 (14) Number of children born to mother, including present birth: 3

**MOTHER.**  
 (15) NAME BEFORE MARRIAGE Minnie Harrison  
 (16) PRESENT POSTOFFICE OF MOTHER Raymond  
 (17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 31 (Years)  
 (19) BIRTHPLACE Orangeburg Co  
 (20) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth: 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
 (22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Sex M. or F. M.)  
 (23) (Signature) Julia Barber  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Waycom

Given name added from a supplemental report  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Date Oct. 21, 22 (28) W. B. Barber 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 sixth month of pregnancy.