

(1) PLACE OF BIRTH

County of *Florence*Township of *McMillon*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - for State Registrar Only
34413Registration District No. *1207*Registered No. *72*
(For use of Local Registrar)

(2) Full Name of Child

Reginald Raymond(3) BOY OR GIRL *Boy*

(4) Twin or Triplet

(5) Number in order of birth

(6) Age of Parent

(7) DATE OF BIRTH

Sept 17, 22

FATHER

(8) FULL NAME

W. G. Grier / Farmer

(9) PRESENT POSTOFFICE OF FATHER

Marion Bluff, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

46

(12) BIRTHPLACE

Marion Bluff, S.C.

(13) OCCUPATION

Farming

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

10

MOTHER

(14) NAME BEFORE MARRIAGE

Marion Grier

(15) PRESENT POSTOFFICE OF MOTHER

Marion Bluff, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

44

(18) BIRTHPLACE

Marion Bluff, S.C.

(19) OCCUPATION

Housework

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

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *7 P.M.* on the date above stated.

(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

W. G. Grier

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Mar 15, 1922

(28)

W. G. Grier

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.