

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

(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

88717

Registration District No. 9ARegistered No. 1398
(For use of Local Registrar)(2) Full Name of Child Maryann Alex. Reid

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 13, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jammal Lafayette Reid(9) PRESENT POSTOFFICE OF FATHER Walterburg S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Rock Hill, S.C.(13) OCCUPATION Officer Cook(14) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Maurice Elizabeth Leather(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Jermythone, Pa.(19) OCCUPATION Housewife(20) 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 alive at 5:20 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Rahens C. C. C. C.(24) State whether Physician or Midwife (25) Address of Physician or Midwife 165 Rutledge Ave.

Given name added from a supplemental report

, 191...

Registrar

(26) Witness

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

(27) Filed 12/15/16

(28)

J. Mercus Green M.D.

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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