

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Laurens
 Township of Laurens
 or
 Inc. Town of Laurens
 or
 City of Laurens

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

15557

Registration District No. 29^a

Registered No. 35
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Spurgeon A. Reeder

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 2 22</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Spurgeon Reeder
 (9) PRESENT POSTOFFICE OF FATHER Laurens S C
 (10) COLOR OR RACE Wg
 (11) AGE AT LAST BIRTHDAY 24
 (12) BIRTHPLACE Laurens SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Janne Rose Hunter
 (15) PRESENT POSTOFFICE OF MOTHER Laurens S C
 (16) COLOR OR RACE Wg
 (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE Laurens C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Hunter
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Laurens S C

Given name added from a supplemental report

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

(27) Filed 5/5 22 (28) C. Kennedy 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.