

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N.B.—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.

McGaw, of Columbia.

## (1) PLACE OF BIRTH

County of BeaufortTownship of 11or  
Inc. Town of 11or  
City of 11

(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  
88511Registration District No. 600 Registered No. 116 A

(For use of Local Registrar)

City of 11 St.; 11 Ward)

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

(2) Full Name of Child Bessie Reid { 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 11 8 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ben Reid(9) PRESENT POSTOFFICE OF FATHER Trays Hill(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Beaufort Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth { 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Seargie Smalls(15) PRESENT POSTOFFICE OF MOTHER Trays Hill S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Beaufort Co. S.C.(19) OCCUPATION House Keeper(21) Number of children of this mother now living, including present birth { 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour) (A.M. or P.M.)(23) (Signature) Dr. J. M. Wright(24) State whether Physician or Midwife (25) Address of Physician or Midwife Trays Hill S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 11/10/1916 (28) K. M. Davis 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.