

Form No. 1

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

or

Inc. Town of

or

City of

(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

49877

Registration District No. 2-3-06 Registered No. 5

(For use of Local Registrar)

(2) Full Name of Child Mary Reeder

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 Jan 10 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Abner Reeder

(9) PRESENT POSTOFFICE OF FATHER

Greenville

(10) COLOR OR RACE

Black(11) AGE AT LAST BIRTHDAY 40
(Years)

(12) BIRTHPLACE

Greenville S.C.

(13) OCCUPATION

Farmer

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Reynolds

(15) PRESENT POSTOFFICE OF MOTHER

Greenville

(16) COLOR OR RACE

Black(17) AGE AT LAST BIRTHDAY 33
(Years)

(18) BIRTHPLACE

Greenville S.C.

(19) OCCUPATION

Domestic

(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 born at Greenville S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Katie S. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 Feb 15 1906 (28) S. R. Bandy 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M.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.
Caw. of Columbia