

(1) PLACE OF BIRTH

County of Cherokee

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only  
59424Township of Sammy Swamp

Inc. Town of .....

Registration District No. 1315 Registered No. 21  
(For use of Local Registrar)

City of .....

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

(2) Full Name of Child Mather Reed

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twin or Triplet's</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 25, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Joe Reed

(9) PRESENT POSTOFFICE OF FATHER Paxville SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 45 (Years)

(12) BIRTHPLACE Sumter Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { ..... 3 .....

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Harrison

(15) PRESENT POSTOFFICE OF MOTHER Paxville SC

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Cherokee Co

(19) OCCUPATION House Work

(21) Number of children of this mother now living, including present birth { ..... 3 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive, at 10 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Andaife

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

Given name added from a supplemental report

May 5, 1916

R. S. Barwick  
Registrar

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

(27) Filed 5/5, 1916 (28) R. S. Barwick  
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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