

(1) PLACE OF BIRTH

County of Dillon

Township of

Inc. Town of Dillon

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

39893

Registration District No. 11-ARegistered No. 58

(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 James Franklin Reynolds

1) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	6) Number in order of birth	9) Are Parents Married? <u>yes</u>	17) DATE OF BIRTH <u>June 20, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

1) FULL NAME J. B. Reynolds2) PRESENT POSTOFFICE OF FATHER Dillon S.C.10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 60 (Year)12) BIRTHPLACE S.C.13) OCCUPATION Baker - bread & cakes20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Kate Edens16) PRESENT POSTOFFICE OF MOTHER Dillon S.C.18) COLOR OR RACE white 19) AGE AT LAST BIRTHDAY 31 (Year)15) BIRTHPLACE S.C.21) OCCUPATION Housewife27) 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 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. M. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 24, 1922 (28) D. M. Williams (29) Dillon S.C.

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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