(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
31913

County of .....

Township of .....
or
Inc. Town of..... .....
or
City of Columbia S. C. (No. 925 Wallace St. .....Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 38 Registered No. 1762
(For use of Local Registrar)

(2) Full Name of Child Baby Reynolds (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl		6	Yes	Sept. 15, 1922

FATHER.

(8) FULL NAME John Bunyan Reynolds
(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Carpenter
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Georgia Hite
(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)
(18) BIRTHPLACE 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 alive (Born alive or stillborn) at 12.30 A. M., (Hour, A. M. or P. M.) on the date above stated.

(23) (Signature) J. B. LaBorde, Physician
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia, S. C.

Given name added from a supplemental report

Carl Gray

..... 19 .....
Registrar

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

(27) Filed 9/29 1922 (28) .....
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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

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.

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.