

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of Bethesda
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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

36799

Registration District No. 4407Registered No. 78
(For use of Local Registrar)

(2) Full Name of Child

Ruby Reed

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 15 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ruben Reed

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

21
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm Laborer

(14) NAME BEFORE MARRIAGE

Lillie Wilson

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farm Laborer

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

1

(21) 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 at M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated. Elson Humphreys

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Medford

Given name added from a supplemental report

(26) Witness

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

(27) Filed

9/241922

(28)

Local Registrar

..... 19

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.