

## 1. PLACE OF BIRTH

County of DarlingtonTownship of Lamaror  
Inc. Town of Lamar

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

Registration District No. 1504Registered No. \_\_\_\_\_  
(For use of Local Registrar)

FILE No.—For State Registrar Only

63 638A2. FULL NAME OF CHILD Buck Reynolds{ If child is not yet named, make  
supplemental report as directed.3. BOY OR  
GIRL4. Twin or  
Triplet?5. Number in order  
of birth6. Are  
Parents  
Married?

Yes

7. DATE OF BIRTH

January201915

(Name of Month)

(Day)

(Year)

To be answered only in event of Twins or Triplets

## FATHER

8. FULL  
NAMEWm. B. Reynolds9. PRESENT  
POSTOFFICE  
OF FATHERLamar, S.C.10. COLOR  
OR  
RACEWhite11. AGE AT LAST  
BIRTHDAY37  
(Years)

12. BIRTHPLACE

Darlington Co

13. OCCUPATION

Merchant20. Number of children born to  
mother, including present birth { 8

## MOTHER

14. NAME BEFORE  
MARRIAGEAda B. Spears15. PRESENT  
POSTOFFICE  
OF MOTHERLamar, S.C.16. COLOR  
OR  
RACEWhite17. AGE AT LAST  
BIRTHDAY33  
(Years)

18. BIRTHPLACE

Lamar, S.C.

19. OCCUPATION

House Wife21. Number of children of this mother  
now living, including present birth { 5

## 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.23. Signature Wm B Reynolds

Father

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

\_\_\_\_\_, 193\_\_\_\_

Registrar.

26. Witness \_\_\_\_\_

(Signature of Witness necessary only  
when question 23 is signed by mark)27. Filed March 3 193428. M-B. Reynolds

Asst. State 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.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.

STATE OF South Carolina  
COUNTY OF Dorchester

Personally appeared before me, Maurice P. Shearer  
a Notary Public of South Carolina, J. W. Boykin  
who, being duly sworn, deposes and says: That        (he or she)  
is a resident of Lanier, State of SC,  
and is 72 years of age; that        (he or she) has known  
Eda B. Reynolds, for a period of 35 years, or more,  
and knows her to be the mother of Buck Reynolds, who was  
born in Lanier, on or about the 20th  
day of January, 1915.

SWORN TO AND SUBSCRIBED BEFORE ME,  
THIS THE 3rd DAY OF March, 1934.

M. P. Shearer  
NOTARY PUBLIC, S. C.

J. W. Boykin

STATE OF

COUNTY OF

South Carolina

Darlington

Personally appeared before me, Murree O Shears  
a Notary Public of South Carolina, W. J. Shears,  
who, being duly sworn, deposes and says: That (he or she)  
is a resident of Lauras, State of S. C.  
and is 55 years of age; that he (he or she) has known  
Adas B Reynolds for a period of 50 years, or more,  
and knows her to be the mother of Buck Reynolds who was  
born in Lauras, S. C., on or about the 20  
day of January, 1915.

SWORN TO AND SUBSCRIBED BEFORE ME,  
THIS THE 3<sup>rd</sup> DAY OF March, 1934.

W. J. Shears

M. O. Shears

NOTARY PUBLIC, S. C.