

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 M. 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.
 Record of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
 County of Sumter
 Township of
 or
 Inc. Town of Mayeresville
 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
 26405
 Registration District No. H102 Registered No. 69
 (For use of Local Registrar)

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

| | | | | |
|---|---|--|---|---|
| (2) Sex of Child <u>Girl</u> | (4) Twin or Triplet To be answered only in case of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married <u>yes</u> | (7) DATE OF BIRTH <u>July 3 1923</u> (Name of Month) (Day) (Year) |
| FATHER | | MOTHER | | |
| (8) FULL NAME <u>Hamilton Corbett</u> | (14) NAME BEFORE MARRIAGE <u>Freda Mayer</u> | | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Mayeresville S.C.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Mayeresville S.C.</u> | | | |
| (10) COLOR OR RACE <u>white</u> | (11) AGE AT LAST BIRTHDAY <u>31</u> (Years) | (16) COLOR OR RACE <u>white</u> | (17) AGE AT LAST BIRTHDAY <u>30</u> (Years) | |
| (12) BIRTHPLACE <u>S.C.</u> | | (18) BIRTHPLACE <u>S.C.</u> | | |
| (13) OCCUPATION <u>Farmer</u> | | (19) OCCUPATION <u>Housewife</u> | | |
| (20) Number of children born to mother, including present birth <u>1 1</u> | | (21) Number of children of this mother now living, including present birth <u>1</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn)
 (23) (Signature) W. M. Bradley M. D.
 (24) State medical Physician or Midwife (25) Address of Physician or Midwife
Physician Mayeresville S.C.
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
Sept 5 23 Cooper
 (27) Filed 19 23 (28) Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should sign.
 If a child breathes even once, it must not be reported as stillborn. No report is desired before the fifth month of pregnancy.