

MARGIN RESERVED FOR BINDING.

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 4.

Record of Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA		26405	
Township of .....		Bureau of Vital Statistics			
or Inc. Town of <u>Mayeresville</u>		State Board of Health			
City of .....		Registration District No. <u>4102</u>		Registered No. <u>69</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Reynolds Louise Corbett</u>				If child is not yet named, make supplemental report as directed	
(3) Sex of Child <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 3 1923</u>	(8) Ward
To be answered only in case of Twin or Triplet					
FATHER			MOTHER		
(9) FULL NAME <u>Hamilton Corbett</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Mayeresville S.C.</u>	(11) AGE AT LAST BIRTHDAY <u>31</u>	(12) COLOR OR RACE <u>white</u>	(13) BIRTHPLACE <u>S.C.</u>	(14) OCCUPATION <u>Farmer</u>
(15) FULL NAME <u>Reynolds Louise Corbett</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Mayeresville S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>30</u>	(18) COLOR OR RACE <u>white</u>	(19) BIRTHPLACE <u>S.C.</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>1</u>	(22) Number of children of this mother now living, including present birth <u>1</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(23) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated.					
(24) (Signature) <u>W. M. R. R. R.</u>		(25) State medical Physician or Midwife			
(26) Address of Physician or Midwife <u>Physician</u>		(27) Address of Physician or Midwife <u>Mayeresville S.C.</u>			
Given name added from a supplemental report		(28) Witness (Signature of Witness necessary only when question 23 is signed by mother)			
		(29) Filed <u>Sept 5 1923</u>			
19 .....		(30) 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.