

## (1) PLACE OF BIRTH

County of DarlingtonTownship of HartsvilleIn Town of HartsvilleCity of Hartsville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3875

Registration District No. 15 BRegistered No. 19

(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number. St.; Ward

2) Full Name of Child Boy If child is not yet named, make supplemental report as directed(4) Twin or triplet? Yes (5) Number in order of birth 1

FATHER

(1) NAME Merritt L. Reynolds(2) PRESENT POSTOFFICE OF FATHER Hartsville, S.C.(3) COLOR White (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Cotton GraderHartsville Cotton Mill(14) Number of children born to mother, including present birth 3(6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 22, 1922 (Name of Month) (Day) (Year)

MOTHER

(14) NAME BEFORE MARRIAGE Laura Layton(15) PRESENT POSTOFFICE OF MOTHER Hartsville, S.C.(16) COLOR White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William S. Bagerly(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hartsville, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 10 22(28) W. J. McKeen

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.