

WHILE FATHER, WALK OR TRIPLET'S USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

McCaw, of Columbia.

Form No. 3

(1) PLACE OF BIRTH  
 County of Lancaster Co  
 Township of Cedar Creek  
 Inc. Town of .....  
 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

File No.—For State Registrar Only  
64950

Registration District No. 2802 Registered No. 41  
 (For use of Local Registrar)

(2) Full Name of Child Almon Reed Jr. { If child is not yet named, make supplemental report as directed

(3) <input checked="" type="checkbox"/> BOY OR <input type="checkbox"/> GIRL	(4) Twin or Triplet? <input type="checkbox"/>	(5) Number in order of birth <u>1</u> <small>(to be answered only in case of twins or triplets)</small>	(6) <input checked="" type="checkbox"/> Parents Married? <input type="checkbox"/> Not Married?	(7) DATE OF BIRTH <u>June 25 1914</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>Almon Reed Jr.</u>		(14) NAME BEFORE MARRIAGE <u>Winnie Reed</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lancaster Co</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster S.C.</u>		
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Lancaster Co</u>		(18) BIRTHPLACE <u>Lancaster Co</u>		
(13) OCCUPATION <u>Farmwork</u>		(19) OCCUPATION <u>Farmwork</u>		
(20) Number of children born to mother, including present birth <u>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 born alive at 10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Benson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lancaster S.C.

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_  
 Registrar

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

(27) Filled June 25 1914 (28) Jas. A. Lanther  
 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.