

WILLIAM  
N. B. McCaw

Registrar

(27) Filed June 1911 (38)

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.

Form No. 3

(1) PLACE OF BIRTH  
County of Lancaster Co  
Township of Cedar Creek  
OR  
Inc. Town of .....  
OR  
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 Heuncan Reed Jr.  
If child is not yet named, make supplemental report as directed

(3) <u>BOY OR</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u> <small>(to be entered only in case of twins or triplets)</small>	(6) <u>Parents</u> Married?	(7) DATE OF BIRTH <u>June 25</u> 19 <u>11</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Heuncan Reed Jr.</u>			(14) NAME BEFORE MARRIAGE <u>Monnie Reed</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lancaster Co</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster St.</u>	
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>	
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(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 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 St.

Given name added from a supplemental report  
....., 1911  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Jas. A. Canther

(27) Filed June 27 1911 (38) Jas. A. Canther  
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WRITE PLAINLY, WITH-OUT ADDING 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 5.  
McCaw, of Columbia.