

Form No. 1

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

or

Inc. Town of Sumter

or

City of Sumter

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Arthur Reynolds

File No. — For State Registrar Only

19287

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 410 Registered No. 106

(For use of Local Registrar)

(No. 107 N. Harvill St.; ..... Ward)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 19, 1928</u> (Month) (Day) (Year)
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## FATHER.

(8) FULL NAME R.D. Reynolds(9) PRESENT POSTOFFICE OF FATHER 107 N. Harvill St. Sumter S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Lee Co. SC(13) OCCUPATION Butcher(14) Number of children born to mother, including present birth nine

## MOTHER.

(14) NAME BEFORE MARRIAGE Lina Watson(15) PRESENT POSTOFFICE OF MOTHER 107 N. Harvill St. Sumter SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Lee Co SC(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth seven

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W.H. Burgess M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Sumter SC

Given name added from a supplemental report

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

(27) Filed July 11, 1928 (28) W.H. Burgess M.D. 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.