

(1) PLACE OF BIRTH

County of Darlington
 Township of Bull Swamp
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
43472

Registration District No. **3102**

Registered No. 134
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)
 City of Wadlington (No. St.; Ward)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 18 22
 (Name of Month) (Day) (Year)

FATHER.
 (9) FULL NAME Chas. W. Reed
 (9) PRESENT POSTOFFICE OF FATHER Sumner S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Year)
 (12) BIRTHPLACE Orangeburg, S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 6

MOTHER.
 (14) NAME BEFORE MARRIAGE Mrs. E. Myers
 (15) PRESENT POSTOFFICE OF MOTHER No 9
 (16) COLOR OR RACE No 10 (17) AGE AT LAST BIRTHDAY 34 (Year)
 (18) BIRTHPLACE No 12
 (19) OCCUPATION House work
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated. (Signature) D. C. Prosser M.D.
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Sumner S.C.

Given name added from a supplemental report

 19 ..
 Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Dec 20 22 (26) 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.

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