

Form No 1.

(1) PLACE OF BIRTH

County of Sumter
Township of Sumter
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
70659

Registration District No. 4-108 Registered No. 102
(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 Catalina M^e Reed { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Sub. (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 19, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George M^e Reed
(9) PRESENT POSTOFFICE OF FATHER Oswego
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Sumter
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Everlind Wilson
(15) PRESENT POSTOFFICE OF MOTHER Oswego
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Sumter Co.
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth { 3 } (21) Number of children of this mother now living, including present birth { 2 }

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) 4 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Dr. J. P. Reed (24) State whether Physician or Midwife (25) Address of Physician or Midwife Oswego

Given name added from a supplemental report

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

(27) Filed Aug 12, 1914 (28) Webb S. P. 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.

(Copy from original & returned)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING 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.