

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.

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Campobello
 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

36434

Registration District No. 4001-aRegistered No. 107
(For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Reif If child is not yet named, make supplemental report as directed

(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 Sept 18 22
 To be answered only in event of Twins or Triplets (Name, Month, Day, Year)

FATHER.

(8) FULL NAME Benton Reid
 (9) PRESENT POSTOFFICE OF FATHER Campobello #2
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 3-2
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Mary E. Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Campobello S.C. #2
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 45
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. E. Morrow

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 10-31-22 (28) C. L. Mayberry
 Registrar Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.