

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 6.

MADE IN COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greenwood

Township of

or

Inc. Town of

or

City of Greenwood

(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

22453

Registration District No. 73ARegistered No. 75
(For use of Local Registrar)(No. 301 Baptist St.; Ward)

(2) Full Name of Child

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

3) BOY OR GIRL Boy4) Twin or Triplet? No
To be answered only in event of Twin or Triplet5) Number in order of birth 46) Are Parents Married? Yes

7) DATE OF

BIRTH 3/19/22
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Marshall Reed9) PRESENT POSTOFFICE OF FATHER Greenwood10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 40
(Year)12) BIRTHPLACE Corona, SC13) OCCUPATION Laborer20) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Willie Abrams(15) PRESENT POSTOFFICE OF MOTHER Greenwood(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 26
(Year)(18) BIRTHPLACE Newberry, SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 M., on the date above stated. (Born alive or stillborn (Hour) M. of P. M.)(23) (Signature) Prof. Marshall(24) State whether Physician or Midwife Phys(25) Address of Physician or Midwife Greenwood

Given name added from a supplemental report

(26) Witness

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

(27) Filed 4/10/22

19

(28)

Local Registrar. W. Williams

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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