

(1) PLACE OF BIRTH

County of Greenville  
Township of Bates

or  
Inc. Town of  
or

City of ..... (No. .... St.; ..... Ward)  
(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

18765

Registration District No. 2201 Registered No. 40  
(For use of Local Registrar)

2) Full Name of Child

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 7 1922  
(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME

Wm H. Reid

(9) PRESENT POSTOFFICE OF FATHER

Travellers Rest & 7

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

40  
(Years)

(12) BIRTHPLACE

Pickens Co

(13) OCCUPATION

Farmer

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

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Lee Coine

(15) PRESENT POSTOFFICE OF MOTHER

Travellers Rest & 7

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25  
(Years)

(18) BIRTHPLACE

Greenville

(19) OCCUPATION

Housewife

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 7:25 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. D. ...

(24) State whether Physician or Midwife

Travellers Rest & 7

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness

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

(27) Filed Jan 12 1922

(28) Dr. ... 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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