(1) PLACE OF BIRTH

County of Barnwell

Township of Blackville

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: 5070

Registration District No. 5.A.4. Registered No. 29
(For use of Local Registrar)

(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 Mamy Reed

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH March 15 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lenny Reed

(9) PRESENT POSTOFFICE OF FATHER Blackville

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Marabella Augusta

(15) PRESENT POSTOFFICE OF MOTHER Blackville

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mamie Cathburson

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed April 1 1923 (28) C. S. Hammond
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.

Bureau of Columbia, Columbia, S. C.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.