

MARGIN RESERVED FOR BLINDING.

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 1.

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of Lincolnton
 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
17044

Registration District No. 10a Registered No. 133
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR GUILD <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 3, 23</u> (Month of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Russell S Reid</u>			(14) NAME BEFORE MARRIAGE <u>Vernie Foster</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney S C R #4</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S C R #4</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>61</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>44</u> (Years)	
(12) BIRTHPLACE <u>Union Co S C</u>			(18) BIRTHPLACE <u>Union Co S C</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>11</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lester Foster
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
 al report

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

(27) Filed 7/10 1923 (28) J. Smith
 Registrar 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.