

(1) PLACE OF BIRTH

County of CataTownship of Cataor
Inc. Town ofor
City of Cata

(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

No. 19628Registration District No. 2A Registered No. 45
(For use of Local Registrar)(2) Full Name of Child Mary Frances Reed

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

(3) SEX OF CHILD Girl (4) Type of Trunk Trunk (5) Number in order of birth 2 (6) Age of Child yes (7) DATE OF BIRTH July 2, 1905
(Month) (Day) (Year)

FATHER

(8) FULL NAME Chas. Clifton Reed(9) PRESENT POSTOFFICE OF FATHER Cata. S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
(Year)(12) BIRTHPLACE Georgetown S.C.(13) OCCUPATION Carpetmaker(14) Number of children born to mother, including present birth 2

MOTHER

(15) NAME BEFORE MARRIAGE Lucy Eliza Harris(16) PRESENT POSTOFFICE OF MOTHER Cata. S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 19
(Year)(19) BIRTHPLACE Boonville S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Cata at 1:30 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Harold Reed
(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 "mark")

(27) Filed 7/12/05 (28) H. L. Ashburn 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.

Registrar H. L. Ashburn Local Registrar

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