

WHITE 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 8.

(1) PLACE OF BIRTH

County of Deeones
Township of Seneeca
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

5172

Registration District No. 3504 Registered No. 111
(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 Alice Reed If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 22-22
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Harold Reed
(9) PRESENT POSTOFFICE OF FATHER Pendleton S. C.
(10) COLOR OR RACE Cal. (11) AGE AT LAST BIRTHDAY 29 (Year)
(12) BIRTHPLACE Anderson. Co.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Lois Chambliss
(15) PRESENT POSTOFFICE OF MOTHER Pendleton S. C.
(16) COLOR OR RACE Cal. (17) AGE AT LAST BIRTHDAY 19 (Year)
(18) BIRTHPLACE Anderson. Co.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Elmira Boudier (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Pendleton, S. C.

Given name added from a supplemental report

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

(27) Filed 3/10/22 19 22 (28) W. H. H. H. 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.