(1) PLACE OF BIRTH

County of Union

Township of Buffalo
or
Inc. Town of Buffalo
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

Registration District No. 4120, Registered No. 3
(For use of Local Registrar)

File No.—For State Registrar Only
2656

(2) Full Name of Child Reuben Briggs

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

(3) BOY OR GIRL? Girl

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

(5) Number in order of birth 2

(6) Are Parents Married? No

(7) DATE OF BIRTH Oct. 5 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME	(14) NAME BEFORE MARRIAGE Willie May Briggs
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER Buffalo S.C.
(10) COLOR OR RACE / (11) AGE AT LAST BIRTHDAY ..... (Years)	(16) COLOR OR RACE Colored / (17) AGE AT LAST BIRTHDAY 10 (Years)
(12) BIRTHPLACE	(18) BIRTHPLACE South Carolina
(13) OCCUPATION	(19) OCCUPATION Laborer
(20) Number of children born to mother, including present birth 2	(21) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:40 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) H P Hamer

(24) State whether Physician or Midwife M.D.

(25) Address of Physician or Midwife Buffalo S.C.

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 Jan 9 1922 (28) J. E. Richardson 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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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

McCAY OF COLUMBIA, COLUMBIA, S. C.