

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 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of *Spartanburg*

Township of *Woodruff*

or  
Inc. Town of  
or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

74835

Registration District No. *4009*

Registered No. *110*  
(For use of Local Registrar)

(2) Full Name of Child. *B. F. Reason* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boys</i>	(4) Twin <i>twins</i> or Triplet?	(5) Number in order of birth <i>1</i> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Aug. 25</i> 191 <i>6</i> <small>(Name of Month) (Day) (Year)</small>
------------------------------	-----------------------------------	---	-------------------------------------	--

FATHER.

(8) FULL NAME *Charles Todd Reason*

(9) PRESENT POSTOFFICE OF FATHER *Woodruff 8 C R#5*

(10) COLOR OR RACE *White* (11) ~~AGE~~ AT LAST BIRTHDAY *42* (Years)

(12) BIRTHPLACE *Spartanburg Co*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mrs. Olga Wright*

(15) PRESENT POSTOFFICE OF MOTHER *Woodruff 8 C R#5*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *35* (Years)

(18) BIRTHPLACE *Spartanburg Co*

(19) OCCUPATION *House keeper*

(21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Born* at *1 o'clock p.m.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Dr. A. H. Kirkman*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Physician* *Woodruff S.C.*

Given name added from a supplemental report

..... 191.....

.....

Registrar

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

(27) Filed *Sept. 11* 191*6* (28) *Chas. Boyter* 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.