

(1) PLACE OF BIRTH

County of Cherokee  
Township of Unadilla  
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  
17182

Registration District No. 1106 Registered No. 72  
(For use of Local Registrar)

(No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child.....

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

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 27, 1923  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME David C. Reed

MOTHER.  
(14) NAME BEFORE MARRIAGE Rose Burns

(9) PRESENT POSTOFFICE OF FATHER Richburg S.C. 214

(15) PRESENT POSTOFFICE OF MOTHER Richburg S.C. 214 2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25  
(Year)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
(Year)

(12) BIRTHPLACE York County

(18) BIRTHPLACE Cherokee County

(13) OCCUPATION Farmer

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4-40 A.M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) J. N. Gupton  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Richburg S.C.

(Given name added from a supplemental report)

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

(27) Filed 7/6 19 23 (28) J. Gupton 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 J. Gupton LOCAL REGISTRAR

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