

(1) PLACE OF BIRTH

County of CheslerTownship of Leicester

Inc. Town of

City of

(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

File No. - For State Registrar Only

17182

Registration District No. 1106Registered No. 72

(For use of Local Registrar)

(2) Full Name of Child

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

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

FATHER		MOTHER	
(8) FULL NAME <u>David C. Reed</u>	(14) NAME BEFORE MARRIAGE <u>Rose Burns</u>		

(9) PRESENT POSTOFFICE OF FATHER <u>Richburg S.C. 24</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Richburg S.C. 24</u>
--	---

(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
---------------------------------	--	---------------------------------	--

(12) BIRTHPLACE <u>York County</u>	(18) BIRTHPLACE <u>Chesler County</u>
------------------------------------	---------------------------------------

(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
-------------------------------	---------------------------------

(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
--	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4-40 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 mother)

(27) Filed 7/6 19 23

(28)

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

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.