

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Greenville

(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

55991

Registration District No. 22 A Registered No. 171

(For use of Local Registrar)

St. 115 E. 2nd Ward 2(2) Full Name of Child Mary Louise Reid If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 4 1916
(Name of Month) (Day) (Year)FATHER: (8) FULL NAME Thomas M. Reid MOTHER: (14) NAME BEFORE MARRIAGE Annie Eliza Hodges(9) PRESENT POSTOFFICE OF FATHER (Lead) (15) PRESENT POSTOFFICE OF MOTHER Greenville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Years) (Years)(12) BIRTHPLACE Scottland (18) BIRTHPLACE SC(13) OCCUPATION Tailor (19) OCCUPATION Home(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 B. Reid, at 12309 on the date above stated. (born alive or stillborn) (Hour) (Day) (Month) (Year)(23) (Signature) M. A. Smith

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

Given name added from a supplemental report

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Registrar

(26) WITNESS (Signature of Witness necessary only when question 22 is signed by marks)

(27) FILE May 6 1916 (28) C. E. Smith 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.