

(1) PLACE OF BIRTH

County of Union

Township of

or

Inc. Town of

or

City of Union

(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 HealthFile No. - for State Registrar Only
30405Registration District No. 42-ARegistered No. 148
(For use of Local Registrar)

(2) Full Name of Child

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

(1) SEX ON BIRTH <u>Male</u>	(4) Twin or Triplet <u>No</u> To be answered only in case of Twin or Triplet	(3) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>9/28/23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Jerry Reed</u>	(14) NAME BEFORE MARRIAGE <u>Belva Adams</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Union SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Union SC</u>			
(10) COLOR OR RACE <u>W</u>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)		
(12) BIRTHPLACE <u>Union, Madison Co NC</u>	(18) BIRTHPLACE <u>Union SC</u>			
(13) OCCUPATION <u>mill operator</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address

Given name added from a supplemental report

(26) Witness

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

(27) Filed

10.10.23

(28)

Local Registrar.

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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.