

(1) PLACE OF BIRTH

County of Union

Township of .....

OF

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 Health

File No. - for State Registrar Only  
**30405**

Registration District No. 42-A

Registered 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 of Child <u>♂</u>	(4) Type of Twins To be answered only in case of Twins or Triplets	(3) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>9/28/23</u> (Name of Month) (Day) (Year)
FATHER (8) FULL NAME <u>James Jerry Reed</u>			MOTHER (14) NAME BEFORE MARRIAGE <u>Elva 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>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
(12) BIRTHPLACE <u>Union National 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 born alive (Born alive or stillborn) (Born M. or F. M.) 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) J. J. Carralt 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.