

N. B.—In case of TWINS OR TRIPLETS, give name of each child in question 5.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
MCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Hampton
Township of Peeples
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 7402

File No.—For State Registrar Only
90289

Registered No. 276
(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 Annie Lou Reid

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 17, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James R. Reid
(9) PRESENT POSTOFFICE OF FATHER Hampton R.R. #1
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Year)
(12) BIRTHPLACE Hampton Co
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Cornelia Brinson
(15) PRESENT POSTOFFICE OF MOTHER Hampton R.R. #1
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Year)
(18) BIRTHPLACE Hampton Co
(19) OCCUPATION House work
(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 Alive at 7:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P. M.)

(23) (Signature) Lottie Reid - Midwife
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hampton R.R. #1

Given name added from a supplemental report

(26) Witness James R. Reid Father
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 26, 1916 (28) J. H. Rogers 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.