

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Dillon
Township of Hammock
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6272

Registration District No. 2-05-B Registered No. 13
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Carrie Randall Reynolds
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 11 1922
(Name of Moth. (Day) (Year)

FATHER Raymond
(8) FULL NAME Randall Reynolds
(9) PRESENT POSTOFFICE OF FATHER Daguerre Ga R F D Y
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 44 (Years)
(12) BIRTHPLACE Edgelys Co Ill
(13) OCCUPATION Farmer
(14) NAME BEFORE MARRIAGE Lillie Morgan
(15) PRESENT POSTOFFICE OF MOTHER Daguerre Ga R F D Y
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Edgelys Co Ill
(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 4
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Reynolds
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Char Wat. Se

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb 11 1922 (28) Wm. H. Stewart 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.