

(1) PLACE OF BIRTH

County of Anderson

Township of 11

or Inc. Town of 11

City of Anderson
(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
71194

Registration District No. 3A Registered No. 294
(For use of Local Registrar)

(No. Greenville St.; 1 Ward)

(2) Full Name of Child Gilberh Reed } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? Yes (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 21, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME C. Frank Reed

(9) PRESENT POSTOFFICE OF FATHER Anderson - S. C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31
(Years)

(12) BIRTHPLACE Anderson S. C.

(13) OCCUPATION Traveling Salesman

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Gilberh

(15) PRESENT POSTOFFICE OF MOTHER Anderson, S. C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE Fla

(19) OCCUPATION Domestic

(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 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191.....
.....
Registrar

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

(27) Filed Sept. 1, 1916 (28) J. B. Clayton 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.

Local Registrar

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