

MAKING RESERVED FOR MEDICAL
 VARIOUS PLACES, WITH UNIFORMS, IN A PERMANENT RECORD.
 1. 2-10-10 CASE OF TUBES OR TUBES IN A SEPARATE PLATE FOR EACH CHILD, AND PART OF
 PREPARED, No. 1. THIS COVER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Anderson
 Township of Talbot
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

30922

Registration District No. 3RD Registered No. 141
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Erastine Reynolds

(If child is not yet named, make supplemental report at birth)

(3) SEX Female (4) Type Normal (5) Number in order of birth 1st (6) Age 4 (7) DATE OF BIRTH OCT 28, 1923

FATHER
 (8) NAME Erastine Reynolds
 (9) RESIDENT ADDRESS OF FATHER Talbot SC
 (10) COLOR negro (11) AGE AT LAST BIRTHDAY 40
 (12) BIRTHPLACE Hamlet Path SC
 (13) OCCUPATION farmer
 (14) Number of children born to mother, including present one 10

MOTHER
 (15) NAME Lizzie Robinson
 (16) RESIDENT ADDRESS OF MOTHER Talbot SC
 (17) COLOR negro (18) AGE AT LAST BIRTHDAY 39
 (19) BIRTHPLACE Talbot SC
 (20) OCCUPATION Wife
 (21) Number of children of this mother now living, including present one 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Signature or initials) (Date L. M. or P. M.)

(23) (Signature) Margaret Green
 (24) Date when delivered or service Oct 28, 1923 (25) Address of Physician or Midwife Talbot SC

(26) Witnesses J. H. H.
 (27) Signature of Witness necessary only when question 22 is signed by mother
 (28) Signature of Local Registrar J. H. H.

Persons, including the father, householder, etc., should make this return. No report is desired of stillbirths.