

## (1) PLACE OF BIRTH

County of Horry  
 Township of Long Bluff  
 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

86069

Registration District No. 2603Registered No. 37  
(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 Mandela Attway Reynolds

(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 Oct 14, 1914  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Kelly Reynolds(9) PRESENT POSTOFFICE OF FATHER Galumards Ferry S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37(12) BIRTHPLACE Horry Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Eight

## MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Viola Reynolds(15) PRESENT POSTOFFICE OF MOTHER Galumards Ferry S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36(18) BIRTHPLACE Horry Co. S.C.(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) R. C. Carter(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Jordanville S.C.

Given name added from a supplemental report

11/14

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

(27) Filed 11/14, 1914(28) Thomas Johnson Local Registrar

\*When there was no attending physician or midwife, when 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 third month of pregnancy.

PRESCRIPTION NO. 1 THE OTHER NO. 2 CO. IN COLUMBIA  
 RECORD OF COLUMBIA, COLUMBIA, S. C.

A K S A F E T Y