

MAKING RESERVED FOR BINDING. WHITE PLAINLY. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Lexington  
Township of Bull Run  
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

43473

Registration District No. 31.02

Registered No. ....  
(For use of Local Registrar)

(2) Full Name of Child

Michael Reed

St.; ..... Ward)

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

(3) BOY OR GIRL boy (4) Twin or Triplet Twins (5) Number in order of birth 2 (6) Are Parents Married yes (7) DATE OF BIRTH Dec 18 22  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Wm. W. Reed  
(9) PRESENT POSTOFFICE OF FATHER Swansea S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)  
(12) BIRTHPLACE Darlington Co., S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 7

MOTHER  
(14) NAME BEFORE MARRIAGE Nova E. Reed  
(15) PRESENT POSTOFFICE OF MOTHER No 9  
(16) COLOR OR RACE No 10 (17) AGE AT LAST BIRTHDAY 34 (Years)  
(18) BIRTHPLACE No 12  
(19) OCCUPATION Housework  
(21) Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) D. C. Crooker M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Swansea, S.C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Dec 20 1922 (28) J. P. Thompson 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.

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