

(1) PLACE OF BIRTH

County of

*Spartanburg*  
*Campbell*

Township of

*Campbell*

or  
Inc. Town of

*Campbell*

City of (if birth occurs in a hospital or other institution, give name of same) St.; Ward

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**74723**

Registration District No. *4001-c* Registered No. *55*  
(For use of Local Registrar)

(2) Full Name of Child *Male Infant of Dr. Ella Reid* (No. of child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet?  (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE BIRTH *Aug 3 1916*  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME *Bruce L. Reid*  
(9) PRESENT POSTOFFICE OF FATHER *Campbell SC*  
(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *33* (Years)  
(12) BIRTHPLACE *Greenville Co*  
(13) OCCUPATION *Merchant*  
(20) Number of children born to mother, including present birth *8*

**MOTHER.**  
(14) NAME BEFORE MARRIAGE *Ella Gosnell*  
(15) PRESENT POSTOFFICE OF MOTHER *Spartanburg*  
(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *37* (Years)  
(18) BIRTHPLACE *Spartanburg Co*  
(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 *born alive* at *Campbell* (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) *O. J. Meyers*  
(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Campbell*

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 *Aug 11 1916* (28) *O. J. Meyers* 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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fifth month of pregnancy.