

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Bay  
 or  
 Inc. Town of .....

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

Registration District No. 4106

No. for State Registrar only  
**19339**

Registered No. 46  
 (For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Age Chest Marked? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 11 1923</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>John Reed</u>			(14) NAME BEFORE MARRIAGE <u>Sallie Reed</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Highland</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Highland SC</u>	
(10) COLOR OR RACE <u>negro</u>			(16) AGE AT LAST BIRTHDAY <u>15</u> (Year)	
(11) BIRTHPLACE <u>Sumter Co</u>			(17) BIRTHPLACE <u>Richland SC</u>	
(12) OCCUPATION <u>farmer</u>			(18) OCCUPATION <u>housewife</u>	
(13) Number of children born to mother, including present birth <u>1</u>			(19) Number of children of this mother now living, including present birth <u>1</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(20) I hereby certify that I attended the birth of this child, who was ..... at 2 A. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) John Reed

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife  
Highland

Given name added from a supplemental report

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

(25) Filed Jan 11 1923 (26) C. H. Reed 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.