

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

30573

County of GreenwoodTownship of P

or

Inc. Town of

or

City of Registration District No. 2.9.06Registered No. 129
(For use of Local Registrar)(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 Omadelle Reed

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? /(5) Number in order of birth /(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 22 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME L. Roy Reed(9) PRESENT POSTOFFICE OF FATHER So. Greenwood, S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Brunson Co., S.C.(13) OCCUPATION Cotton mill oper(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Loy(15) PRESENT POSTOFFICE OF MOTHER So. Greenwood, S.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Jersey(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Symmes, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife So. Greenwood, 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 Oct 10 1922 (28) S. P. Brooks
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.