

(1) PLACE OF BIRTH
Charleston
County of
Township of

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

File No.—For State Registrar Only
41307

Inc. Town of Registration District No. 9 A Registered No. 1966
or Charleston, S.C. (No. 106 Anson) (For use of Local Registrar)
City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
2) Full Name of Child **Albert Reid Jr.** { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **B** (4) Twin or Triplet? **X** (5) Number in order of birth **X** (6) Are Parents Married? **yes** (7) DATE OF BIRTH **DEC. 16 22**
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Albert Reid Sr.**
(9) PRESENT POSTOFFICE OF FATHER **106 Anson**
(10) COLOR OR RACE **C** (11) AGE AT LAST BIRTHDAY **37** (Years)
(12) BIRTHPLACE **Mt. Pleasant, S.C.**
(13) OCCUPATION **Laborer**

MOTHER.

(14) NAME BEFORE MARRIAGE **Anna Gadsden**
(15) PRESENT POSTOFFICE OF MOTHER **106 Anson**
(16) COLOR OR RACE **C** (17) AGE AT LAST BIRTHDAY **38** (Years)
(18) BIRTHPLACE **Edisto, S.C.**
(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 **6:00 A. M.** on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *[Signature]* (24) State whether Physician or Midwife **Physician** (25) Address of Physician or Midwife **52 Anson - Green**

Given name added from a supplemental report

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

(27) 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 be reported as stillborn. No report is desired of stillbirths before the month of pregnancy.