

MARGIN RESERVED FOR BINDING.  
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
 M.C.C.A.W. OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Henry  
 or  
 Township of Doy Bluff  
 or  
 Inc. Town of .....

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

File No.—For State Registrar Only  
**77550**

Registration District No. 2583 Registered No. 19  
 (For use of Local Registrar)

(2) Full Name of Child Annie Belle Reynolds (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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 27, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME John Hezekiah Reynolds  
 (9) PRESENT POSTOFFICE OF FATHER Galivants Ferry, S.C. #1  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21  
(Years)  
 (12) BIRTHPLACE Henry Co, S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Isobell Jones  
 (15) PRESENT POSTOFFICE OF MOTHER Galivants Ferry, S.C. #1  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
(Years)  
 (18) BIRTHPLACE Henry Co, S.C.  
 (19) OCCUPATION Housewife  
 (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 1:57 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) W. E. King  
 (24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Ayrton, S.C.

Given name added from a supplemental report  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_, 19 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_  
(Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 1/25 19 16 (28) Thomas S. Shuman 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 fifth month of pregnancy.