Form No. 3

CERTIFICATE OF BIRTH

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

File No. 70453 — For State Registrar Only

(1) PLACE OF BIRTH
County of Spartanburg.
Township of Pacolet.
or
Inc. Town of ..... Registration District No. 4006 Registered No. 103
(For use of Local Registrar)
or
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 Collins Reed ..... If 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 — To be answered only in event of Twins or Triplets
(6) Are Parents Married? No.
(7) DATE OF BIRTH June, 4, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Stead Gist	(14) NAME BEFORE MARRIAGE Manie Reed
(9) PRESENT POSTOFFICE OF FATHER Glenn Springs S.C.	(15) PRESENT POSTOFFICE OF MOTHER Pacolet R.F.D. #1
(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY Dont know (Years)	(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 16 (Years)
(12) BIRTHPLACE S. C.	(18) BIRTHPLACE S. C.
(13) OCCUPATION Farmer	(19) OCCUPATION Farmer
(20) Number of children born to mother, including present birth One	(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this ~~child~~, who was Born, at 8 A. M. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Florence Reed
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report July 27, 1916
M. W. Brown Registrar

(26) Witness B. F. Brown
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 27, 1916. (28) M. W. Brown 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.