

## (1) PLACE OF BIRTH

County of GreenwoodTownship of Grayor  
Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only

4504

Registration District No. 2312 Registered No. 13  
(For use of Local Registrar)(2) Full Name of Child Albert B. Reid If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>34</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 13 22</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>James Reid</u>	(14) NAME BEFORE MARRIAGE <u>Staller Reid</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Gray SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Gray SC</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Gray SC</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>Blk</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)
(10) COLOR OR RACE <u>Blk</u>	(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>
(13) OCCUPATION <u>Farm</u>	(19) OCCUPATION <u>Structure work</u>	(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) <u>Maland</u>	(25) Address of Physician or Midwife <u>Gray</u>
(24) State whether Physician or Midwife <u>Midwife</u>	

Given name added from a supplemental report

(26) Witness Staller  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 27 22 (28) J. J. Horne 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.

WRITE 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.