

(1) PLACE OF BIRTH

County of Spokane

Township of Meridian

City of

St. of

City of

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

File No.—For State Registrar Only
19185

Registration District No. 40023 Registered No. 43
(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 Harold Oliver Reeder If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 26 1923
(Month of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME London E. Reeder (14) NAME BEFORE MARRIAGE Lainy S. Hummings

(9) PRESENT POSTOFFICE OF FATHER Mayo SC (15) PRESENT POSTOFFICE OF MOTHER Mayo SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (17) AGE AT LAST BIRTHDAY 39
(Year) (Year)

(12) BIRTHPLACE SC (16) BIRTHPLACE SC

(13) OCCUPATION school teacher (18) OCCUPATION Domestic

(19) Number of children born to mother, including present birth 1 7 (21) Number of children of this mother now living, including present birth 1 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on June 26 at 3:30 a.m.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. W. Painter M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Meridian SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 23 (28) W. W. Painter 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.