

(1) PLACE OF BIRTH

County of York
 Township of John
 or
 Inc. Town of

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

Registration District No. 703

File No.—For State Registrar Only

37356Registered No. 73
(For use of Local Registrar)

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 Bertie Reed (If child is not yet named, make supplemental report as directed)

(3) SEX OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 5 27
 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Michael Haynes (14) NAME BEFORE MARRIAGE Ebner Reed

(9) PRESENT POSTOFFICE OF FATHER Monroes Corner (15) PRESENT POSTOFFICE OF MOTHER Monroes Corner

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19
 (Years) (Years)

(12) BIRTHPLACE (18) BIRTHPLACE S.C.

(13) OCCUPATION (19) OCCUPATION Cooking

(20) Number of children born to mother, including present birth (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lavina Hayward (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Monroes Corner

Given name added from a supplemental report (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

19 Registrar (27) Filed 11-13 27 (28) B. M. Garrison 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.