

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of # 1or
Inc. Town ofor
City of Shelton

(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

42334

Registration District No. 1900 Registered No. 71

(For use of Local Registrar)

(No. Walton St.; Ward)

(2) Full Name of Child

Margaret Reed

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF

BIRTH Nov 11 1927

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Heyward Reed

(9) PRESENT POSTOFFICE OF FATHER

Shelton, S. C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

50 (Years)

(12) BIRTHPLACE

Carlisle

(13) OCCUPATION

Farm laborer

(20) Number of children born to mother, including present birth

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Lara Walton

(15) PRESENT POSTOFFICE OF MOTHER

Shelton, S. C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

39 (Years)

(18) BIRTHPLACE

Carlisle, S. C.

(19) OCCUPATION

Farm laborer

(21) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Eliza Halsey

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Reeds, S. C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Dec 15 1927

(28)

Mrs B. W. Faucett

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.