

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Washington STATE OF SOUTH CAROLINA.Township of Sumpter Creek Bureau of Vital Statistics
State Board of Health

39882

Inc. Town of Registration District No. 2-2-1-1 Registered No. 7
(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 Mary Lea Reaser | If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 29 21
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert E. Reaser(9) PRESENT POSTOFFICE OF FATHER Washington R.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Brown(15) PRESENT POSTOFFICE OF MOTHER Washington R.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION domestic(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 born, at 4 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. D. [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Washington

Given name added from a supplemental report

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

(27) Filed Jan 9 1921 (28) E. D. [Signature] 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.

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McCoy, of Columbia.