

Form No. 10. MARGIN RESERVED FOR BINDING. 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.

Chav. of Columbia

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

File No.—For State Registrar Only
87825

(1) PLACE OF BIRTH
County of Wm.burg
Township of Padgett
OR
Inc. Town of _____
OR
City of _____ (No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4309 Registered No. 46
(For use of Local Registrar)

(2) Full Name of Child Granville Reid If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets.</small>	(5) Number in order of birth	(6) Are <u>yes</u> Parents Married?	(7) DATE OF BIRTH <u>Nov. 11, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>John Reid</u>			(14) NAME BEFORE MARRIAGE <u>Rena Sims</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Fowler</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Fowler</u>	
(10) COLOR OR RACE <u>negro</u>		(11) AGE AT LAST BIRTHDAY <u>41</u> <small>(Years)</small>	(16) COLOR OR RACE <u>negro</u>	
(12) BIRTHPLACE <u>Wm.burg Co</u>		(17) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>		
(13) OCCUPATION <u>Farm hand</u>			(18) BIRTHPLACE <u>Wm.burg Co</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(19) OCCUPATION <u>Farm hand</u>	
(21) Number of children born to mother, including present birth <u>2</u>			(22) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Dea. J. M. Falden

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife _____

Given name added from a supplemental report _____ 191...

Registrar

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

(27) Filled Nov. 17, 1916 (28) Dea. J. M. Falden 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.

fifth month of pregnancy.