FORM NO. 5. 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.

N. B. McCaw, of Columbia.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
9171

(1) PLACE OF BIRTH

County of Aiken

Township of Gregg

or

Inc. Town of ..... Registration District No. 3-B Registered No. 19
(For use of Local Registrar)

or

City of Graniteville (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 William Wesley Reed (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	/	/	yes	April 6, 1914 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets.

FATHER		MOTHER	
(8) FULL NAME	Lacy Reed	(14) NAME BEFORE MARRIAGE	Aileen Harris
(9) PRESENT POSTOFFICE OF FATHER	Graniteville	(15) PRESENT POSTOFFICE OF MOTHER	Graniteville
(10) COLOR OR RACE	white	(16) COLOR OR RACE	white
(11) AGE AT LAST BIRTHDAY (Years)	27	(17) AGE AT LAST BIRTHDAY (Years)	27
(12) BIRTHPLACE	Aiken County	(18) BIRTHPLACE	York County
(13) OCCUPATION	Barber	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	1	(21) Number of children of this mother now living, including present birth	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) C. C. Logan

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Graniteville S. C.

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed April 17th 1915 (28) W. R. Turnbull R.S. M.D.
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.

Registrar / Local Registrar

McCaw

*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.