

## (1) PLACE OF BIRTH

County of WilliamburgTownship of Hopeor  
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.)(2) Full Name of Child Moise Reels

File No.—For State Registrar Only

32604

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 4301Registered No. 104  
(For use of Local Registrar)(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 1, 1922  
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Abel Reels</u>	(14) NAME BEFORE MARRIAGE <u>Marion Moore</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Georgetown S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Georgetown S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(18) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) 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 Alive at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Diana Nelson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Georgetown S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept. 4, 1922 (28) J. Q. B. Lashwell 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.