

Form No. 1

## (1) PLACE OF BIRTH

County of LacharTownship of Amityor  
Inc. Town Amityor  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 100File No. 3068 Registrar's CopyRegistered No. 8

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lusile Reigler

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

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Parent Married yes (7) DATE OF BIRTH Feb 21 1923  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Louis Reigler</u>	(14) NAME BEFORE MARRIAGE <u>Flora Hopkins</u>	(10) PRESENT POSTOFFICE OF FATHER <u>H. Matthews</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>H. Matthews</u>
(12) COLOR OR RACE <u>Negro</u>	(18) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>63</u>	(17) AGE AT LAST BIRTHDAY <u>28</u>
(15) BIRTHPLACE <u>South Carolina</u>	(19) BIRTHPLACE <u>South Carolina</u>	(13) OCCUPATION <u>Farmer</u>	(21) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>4</u>	(22) Number of children of this mother now living, including present birth <u>4</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) W. H. Jones(25) State whether Physician or Midwife midwife (26) Address of Physician or Midwife H. Matthews

Given name added from a supplemental report

(27) Witness J. R. Rata

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

(28) Date Feb 21 1923 (29) J. R. Rata

When this report is made by a physician or midwife, then the father, householder, etc., should make a report. If a child is born stillborn, it shall not be reported as stillborn. No report is required if the child is born before the first month of pregnancy.

MARGIN RESERVED FOR REMARKS. WRITE UP/ABOUT THIS IN A PERMANENT REPORT. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 3.