

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 4.

(1) PLACE OF BIRTH

County of Abbeville
 Township of Abbeville
 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.)

(2) Full Name of Child Annice Reel

File No.—For State Registrar Only
2810

Registration District No. 100 Registered No. 7
 (For use of Local Registrar)

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
 To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 1, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Geo. Reel
 (9) PRESENT POSTOFFICE OF FATHER Abbeville S. C.
 (10) COLOR OR RACE W. C. (11) AGE AT LAST BIRTHDAY 42 (Year)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Siggie Reel
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville
 (16) COLOR OR RACE W. C. (17) AGE AT LAST BIRTHDAY 42 (Year)
 (18) BIRTHPLACE Abbeville S. C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Pussley (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville S. C.

Given name added from a supplemental report

(26) Witness J. E. Pussley (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed March 4, 1922 (28) J. E. Pussley Local Registrar

*When there was no attending physician or midwife, then the father, householders, 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.