

(1) PLACE OF BIRTH

County of Southampton
 Township of Hope
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37945

Registration District No..... Registered No. 141
 (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 Ben Reels

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

(3) SEX OR ONLY Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Nov 19 23
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Smith Reels
 (9) PRESENT POSTOFFICE OF FATHER Gardnalls St
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 45
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Mougong
 (15) PRESENT POSTOFFICE OF MOTHER Gardnalls St
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Clorinda Reels
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gardnalls St

Given name added from a supplemental report

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

(27) Filed 11/24 1923 (28) J. A. Blackwell 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.

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