

(1) PLACE OF BIRTH

County of Willoughby
 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

22852

Registration District No. 4301 Registered No. 78
 (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 Leodine Reels

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 No (6) Are Parents Married? No (7) DATE OF BIRTH July 10 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leodine Reels
 (9) PRESENT POSTOFFICE OF FATHER Greenville SC
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31
 (Year) (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Beaufort
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18
 (Year) (18) BIRTHPLACE S.C.
 (19) OCCUPATION Labourer

(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 alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Beaufort(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(27) Filed July 19 1923 (28) L. Q. Blountwell 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.