

## (1) PLACE OF BIRTH

County of CherokeeTownship of Gandysvilleor  
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

25330

Registration District No. 1002Registered No. 33  
(For use of Local Registrar)

(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 Margaret Reeler

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth  
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes

(7) DATE OF

BIRTH MAY 25, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Boysel Reeler

(9) PRESENT POSTOFFICE OF FATHER

Wilkinsville

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 36  
(Years)

(12) BIRTHPLACE

Cherokee Co

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1st

## MOTHER.

(14) NAME BEFORE MARRIAGE

Bernie Bratton

(15) PRESENT POSTOFFICE OF MOTHER

Wilkinsville

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 31  
(Years)

(18) BIRTHPLACE

Cherokee Co

(19) OCCUPATION

House keeper

(21) Number of children of this mother now living, including present birth

1st

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at one M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Foster(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Wilkinsville

Given name added from a supplemental report

Sarah J. Stinson 19 22  
Registrar

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

(27) Filed July 10, 1922 (28) Sarah J. Stinson  
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.

MARGIN RESERVED FOR HANDING

THIS IS A PRELIMINARY REPORT. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, NO. 1, THE OTHER, NO. 2, etc., in question 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.