

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

81832

Registration District No.

Registered No.

(For use of Local Registrar)

Ward

2) Full Name of Child

Thomas Reiel

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

to be marked only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

Nov. 3 1903

## FATHER

(8) FULL NAME

Thomas Reiel

(9) PRESENT POSTOFFICE OF FATHER

Abbeville S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

(Years)

45

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

4

## MOTHER

(15) NAME BEFORE MARRIAGE

Martha Black

(16) PRESENT POSTOFFICE OF MOTHER

Abbeville S.C.

(17) COLOR OR RACE

Black

(18) AGE AT LAST BIRTHDAY

(Years)

25

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

Housewife

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

D. H. Reiel

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Abbeville S.C.

(26) Given name added from a supplemental report

(27) Witness

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

(28) Filed

Nov. 9, 1903

(29)

D. H. Reiel

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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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 2.

Bureau of Vital Statistics