

Form No. 1

(1) PLACE OF BIRTH
County of Edgefield
Township of Galbut
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

64194

Registration District No. 1815 Registered No. 81
(For use of Local Registrar)

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 Joseph David Reigler } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 29 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rebut David Reigler
(9) PRESENT POSTOFFICE OF FATHER Plum Branch
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Edgefield Co
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Berta Reynolds
(15) PRESENT POSTOFFICE OF MOTHER Plum Branch
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE Edgefield Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) R. M. Pullen M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife The Courthouse

Given name added from a supplemental report

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

(27) Filled June 1916 (28) J. D. Hughey 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.

WHILE 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 5.
State of Columbia