

(1) PLACE OF BIRTH

County of WilliamburgTownship of Kingstreeor
Inc. Town of 44or
(City of S.C.)

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

(2) Full Name of Child Reatha RileyNo. 34—For State Registrar Only
30456Registration District No. 43A Registered No. 38
(For use of Local Registrar)

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

(3) BOY OR GIRL girl (4) Twin or Triplet — (5) Number in order of birth — (6) Sex female (7) DATE OF BIRTH Sept. 11, 1923
(Name of Month) (Day) (Year)

FATHER

(14) FULL NAME Luther Riley(15) PRESENT POSTOFFICE OF FATHER Kingstree, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Wilmington, S.C.(19) OCCUPATION Farm hand(20) Number of children born to mother, including present birth Four

MOTHER

(14) NAME BEFORE MARRIAGE Matilda Flood(15) PRESENT POSTOFFICE OF MOTHER Kingstree, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Long Star, S.C.(19) 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 at 5 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Geo. B. Mason, M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Kingstree, 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 Sept. 22, 1923 (28) J. H. McLaughlin
Local RegistrarWhen 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.