

## (1) PLACE OF BIRTH

County of *Myrtle*Township of *No. 1*or  
Inc. Town ofor  
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

4690

Registration District No. *3498* Registered No. *14*

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child *Edith Elizabeth Riggs*

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

(1) BOY OR GIRL *girl*

(4) Twin or Triplet?

(5) Number in order of birth

To be completed only in case of Twin or Triplet

(6) Age Parents Married *1/1*(7) DATE OF BIRTH *Feb. 22, 1923*  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME *Jos. H. Riggs*(9) PRESENT POSTOFFICE OF FATHER *Lawrence*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *51*

(Years)

(12) BIRTHPLACE *NC*(13) OCCUPATION *farmer*(14) Number of children born to mother, including present birth *6*

## MOTHER

(14) NAME BEFORE MARRIAGE *Lucie Bradley*(15) PRESENT POSTOFFICE OF MOTHER *Lawrence*(16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *39*

(Years)

(18) BIRTHPLACE *NC*(19) OCCUPATION *H. W.*(20) Number of children of this mother now living, including present birth *6*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *16 A* M., (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *L. H. H. H. H. H.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Lawrence*

Given name added from a supplemental report

*29*  
*May 2, 1923*

Registrar

(26) Witness

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

(27) Filed *Mar 9 1923*(28) *S. S. Cunningham*  
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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