

Form No. 1

(1) PLACE OF BIRTH

County of Richland Co
 Township of Eastover
 or
 Inc. Town of Eastover
 or
 City of Eastover

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

32005

Registration District No. 3803Registered No. 230
(For use of Local Registrar)

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

(2) Full Name of Child Lamarie Riley

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 4, 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Riley
 (9) PRESENT POSTOFFICE OF FATHER Eastover SC
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33
 (12) BIRTHPLACE Richland Co
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Malone
 (15) PRESENT POSTOFFICE OF MOTHER Eastover SC
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30
 (18) BIRTHPLACE Richland Co
 (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3 Three

(21) Number of children of this mother now living, including present birth 3 Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Eastover SC

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 9/5/22 (28) 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 desired of stillbirths before the fifth month of pregnancy.

THIS IS A PERMANENT RECORD.
 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.