

(1) PLACE OF BIRTH

County of *S. W. N.ville*  
Township *Greenville*

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**64544**

Inc. Town of ..... or ..... Registration District No. *2209* Registered No. *282*  
(For use of Local Registrar)  
City of ..... *S. W. N.ville* 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. .... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>7</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>To be entered only in event of Twins or Triplets</i>	(6) Age of Parents <i>27 (M) 27 (W)</i>	(7) DATE OF BIRTH <i>June 3 1916</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>John Riley</i>	(14) NAME BEFORE MARRIAGE <i>F. E. Riley</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Andrew</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Greenville SC</i>			
(10) COLOR OR RACE <i>W.</i>	(11) AGE AT LAST BIRTHDAY <i>(?)</i> (Years)	(16) COLOR OR RACE <i>W.</i>	(17) AGE AT LAST BIRTHDAY <i>30</i> (Years)	
(12) BIRTHPLACE <i>Dont Know</i>	(18) BIRTHPLACE <i>Toccoa Ga</i>			
(13) OCCUPATION <i>Mill Work</i>	(19) OCCUPATION <i>Mill Work</i>			
(20) Number of children born to mother, including present birth <i>2</i>	(21) Number of children of this mother now living, including present birth <i>2</i>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, *born alive* at *H. H.* (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.  
(23) (Signature) *W. M. Brown etc.*  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
*Physician Greenville*

Given name added from a supplemental report ..... 191..... ..... Registrar	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <i>June 3 1916</i> (27) Filed <i>1916</i> (28) <i>a W. M. Brown</i> Local Registrar.
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\*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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McCaw, of Columbia. 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.