

## (1) PLACE OF BIRTH

County of CandlerTownship of Crusby Creekor  
Inc. Town of .....or  
City of .....

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

(2) Full Name of Child Willie Mae Veda Jane Riley (If child is not yet named, make supplemental report as directed.)(3) SEX OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 2, 1922 (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>W. Riley</u>	(14) NAME BEFORE MARRIAGE	<u>Ethel Ferguson</u>		
(9) PRESENT POSTOFFICE OF FATHER	<u>Easley S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Easley S.C.</u>		
(10) COLOR OR RACE	<u>Colored</u>	(16) COLOR OR RACE	<u>Colored</u>		
(11) AGE AT LAST BIRTHDAY	<u>26</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>27</u> (Years)		
(12) BIRTHPLACE	<u>Candler Co</u>	(18) BIRTHPLACE	<u>Candler Co</u>		
(13) OCCUPATION	<u>Farming</u>	(19) OCCUPATION	<u>House Work</u>		
(20) Number of children born to mother, including present birth	<u>6</u>	(21) Number of children of this mother now living, including present birth	<u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 Am. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mattie + Kirksey (24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Easley S.C.

Given name added from a supplemental report	(26) Witness <u>Mary J. Riley</u> (Signature of witness necessary only when question 23 is signed by married woman)
19 Registrar	(27) Filed <u>March 6, 1922</u> (28) <u>J. R. Watson</u> 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.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6424

Registration District No. 3 Registered No. 19 (For use of Local Registrar)St. Ward