

FORM NO. 1.

(1) PLACE OF BIRTH

County of SummitTownship of Bull Pondor
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

63156

Registration District No. 605Registered No. 43

(For use of Local Registrar)

(2) Full Name of Child Hetchu Riley

If child is not yet named, make supplemental record

(3) BOY ☒ OR
GIRL ☐(4) Twin
or Triplet?(5) Number in
order of birth 4(6) Are
Parents
Married? Yes

(7) DATE

BIRTH June 10, 1916

(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME Sam Riley(9) PRESENT
POSTOFFICE
OF FATHER Allendale S.C.(10) COLOR
OR
RACE Black(11) AGE AT LAST
BIRTHDAY 38

(Years)

(12) BIRTHPLACE Bull Pond(13) OCCUPATION Farmer(20) Number of children born to
mother, including present birth 4

MOTHER

(14) NAME BEFORE
MARRIAGE May Junior(15) PRESENT
POSTOFFICE
OF MOTHER Allendale S.C.(16) COLOR
OR
RACE Black(17) AGE AT LAST
BIRTHDAY 38

(Years)

(18) BIRTHPLACE Baldoc S.C.(19) OCCUPATION Laborer(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 at 3-9 M.
on the date above stated. (How soon after P. M.)(23) (Signature) Annanda Jackson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Allendale S.C.Given name added from a supplement-
tal report

191

Registrar

(26) Witness Mrs. K. Coleman(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed June 17, 1916(28) J. H. Arnes
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

McGraw, of Columbia