

WRITING PLAINLY, WITH UNFAADING 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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Union
Township of Union
or
Inc. Town of
or
City of Union
(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
44850

Registration District No. 42-A Registered No. 1451
(For use of Local Registrar)
Sl.: 2 Ward
(No. 7 Moore St)

(2) Full Name of Child Mabelle Riggs If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 12, 1915
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Ray Riggs
(9) PRESENT POSTOFFICE OF FATHER Union SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Heywood co NC
(13) OCCUPATION mill worker
(20) Number of children born to mother, including present birth Four

MOTHER.
(14) NAME BEFORE MARRIAGE Mabelle Budd
(15) PRESENT POSTOFFICE OF MOTHER Union SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Union co SC
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was Born alive J.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Hake
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union SC

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed for 8 1916 (28) S. S. Sornatt 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.

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.